



Aspirin Use by High-Risk Individuals

Rationale for Aspirin Use by High-risk Individuals

Patients with heart disease or who have had a stroke in the past are at high risk for having a heart attack or another stroke. Substantial PCOR evidence shows that taking an aspirin every day can help these patients lower their risk. For patients with heart disease, including those who have angina or have been treated for blocked arteries, taking aspirin can prevent them from having a heart attack. For people who have already had a heart attack or stroke, aspirin use can prevent another heart attack or stroke.

Findings from PCOR

In 2011, the American Heart Association (AHA) and the American College of Cardiology Foundation (ACCF) used this PCOR evidence to develop guidelines on aspirin use in patients with heart disease and others who are at risk of heart attack or stroke (Smith, 2011).

- The panel recommends long-term low-dose aspirin therapy (75 to 100 mg daily) for patients with heart disease. For patients intolerant or allergic to aspirin, clopidogrel (75 mg daily) can be used as an alternative.

Evidence-based guidelines from the American College of Chest Physicians make the same recommendation (Vandvik, 2012).

Evaluating and Measuring Use of PCOR-supported Recommendations

- The measure used by EvidenceNOW to evaluate aspirin use assesses the percentage of patients with heart disease (including those with angina and those who have been treated for blocked arteries), patients with a history of a heart attack, and patients with a history of a stroke who use aspirin or a similar drug. This measure has been endorsed by the National Quality Forum and is used by the Centers for Medicare & Medicaid Services.
- The EvidenceNOW goal is to have at least 70 percent of eligible patients cared for in primary care practices use aspirin.

Improving Health Care Through Patient-centered Outcomes Research (PCOR)

PCOR is research that compares the impact of two or more preventive, diagnostic, treatment, or health care delivery approaches on health outcomes. PCOR outcomes are those that are meaningful to patients and families, such as pain, symptoms, quality of life, and premature death. PCOR research can focus on specific clinical interventions (such as a medication or surgical procedure) or on ways of delivering care (such as the use of text messages to remind people to take a medication daily). PCOR evidence can come from individual studies, but often comes from comprehensive reviews of a large group of studies. Using PCOR evidence gives clinicians confidence that they are providing the best care to their patients.



Additional Tools and Resources

- [Talk with Your Doctor about Taking Aspirin Every Day](#), a resource from Healthfinder.gov, offers an overview for patients about using aspirin to reduce the risk of heart attack or stroke. Information provided includes the benefits and risks of aspirin use and what to discuss with a doctor.

PCOR Evidence Sources

- Smith S et al. AHA/ACCF secondary prevention and risk reduction therapy for patients with coronary and other atherosclerotic vascular disease: 2011 update. *Circulation*, 2011;124(22): 2458-2473. <http://circ.ahajournals.org/content/124/22/2458.full.pdf>
- Vandvik PO, Lincoff AM, Gore JM, Gutterman DD, Sonnenberg FA, Alonso-Coello P, Akl EA, Lansberg MG, Guyatt GH, Spencer FA. Primary and secondary prevention of cardiovascular disease: Antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest*. 2012 Feb;141 (2 Suppl):e637S-68S. Available at the National Guideline Clearinghouse

About EvidenceNOW

EvidenceNOW is an Agency for Healthcare Research and Quality grant initiative dedicated to helping small- and medium-sized primary care practices across the country use the latest evidence to improve the heart health of millions of Americans. The initiative is focusing on the ABCS of heart health—**A**spirin use by high-risk individuals, **B**lood pressure control, **C**holesterol management, and **S**moking cessation—while helping primary care practices improve their capacity to use new PCOR evidence to improve the care they deliver.