

## New Aspirin Recommendations, Explained

For decades, a daily regimen of low-dose, or baby aspirin was recommended for adults as a way to keep heart attacks and strokes at bay. Commonly recognized as a pain reliever, aspirin also contains anti-inflammatory properties and acts as a blood thinner to prevent clots. Now, however, the U.S. Preventive Services Task Force (USPSTF) has proposed a notable change on that recommendation, but only for a certain group.

According to the panel, data gathered from recent studies indicates that the risk of internal bleeding from taking the over the counter drug daily as a primary prevention method for cardiovascular disease and stroke might outweigh the benefits for adults over 60 years old.

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**Dr. Darrel Gumm, OSF HealthCare Cardiologist, Vice President, OSF Cardiovascular**

“Primary prevention is where a person has never had a heart attack. They've got risk factors, and we don't want that first heart attack. Let's do what we can to prevent that first heart attack. Secondary prevention - you've had a heart attack or stroke. We don't want a second one. You've survived the first one, we don't want a second one.

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**Dr. Darrel Gumm, OSF HealthCare Cardiologist, Vice President, OSF Cardiovascular**

“What I want to make really clear, is our old long standing recommendation for those patients who have had a stroke or who have had a heart attack, who are on aspirin, that does not change. You will get a benefit.”

For many, this recommended change for primary prevention is a hard pill to swallow after decades of hearing the benefits of an aspirin regimen. According to Dr. Gumm, while the task force's guidelines are new, the research is not. Medical recommendations and guidelines often change as scientists and physicians continue their studies.

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**Dr. Darrel Gumm, OSF HealthCare Cardiologist, Vice President, OSF Cardiovascular**

“It's not that we're wishy washy or flip-flopping. The fact is, as science progresses we learn more. We understand how to better treat patients. And so it ultimately comes back to a risk-benefit ratio. If the risk is high and the benefits low, as a therapy we don't want that. If the benefit is high, even if there's some risk associated with it, when the benefit outweighs the risk, that's something we want to recommend.”

The U-S-P-S-T-F also advises that high-risk patients under the age of 60 (40-59) who haven't had a heart attack and are looking for a primary prevention method consult with a doctor before starting on an aspirin regimen.

Dr. Gumm says that is good advice for anyone. He warns not to start or stop any medication, even something as simple as a low-dose aspirin, without first consulting with your physician.

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**Dr. Darrel Gumm, OSF HealthCare Cardiologist, Vice President, OSF Cardiovascular**

“It's an umbrella recommendation. It's a big picture, but your physician will talk with you personally, and will recommend individualized care for you for what's best for you. Talk to your doctor; don't do these things on your own.”

The U-S-P-S-T-F's new aspirin recommendations are not quite finalized. The task force is accepting public comment on the guidelines until November 8. You can find the full recommendations, along with links to studies and opportunities to provide feedback on the [USPSTF's website](#).