

## Aspirin Use for the Primary Prevention of Cardiovascular Disease and Colorectal Cancer: Recommendations From the U.S. Preventive Services Task Force

The full report is titled "Aspirin Use for the Primary Prevention of Cardiovascular Disease and Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement." The author is K. Bibbins-Domingo, on behalf of the U.S. Preventive Services Task Force.

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### Who developed these recommendations?

The U.S. Preventive Services Task Force (USPSTF) is a group of health experts that makes recommendations about preventive health care.

### What is the problem and what is known about it so far?

Regular aspirin use can prevent cardiovascular disease (CVD) events (heart attack or stroke) in people with no previous CVD and decrease the chances of developing colorectal cancer (CRC). However, aspirin can cause serious bleeding in the digestive tract or brain. Balancing these different benefits and harms can be challenging. In 2009, the USPSTF recommended that men aged 45 to 79 years take aspirin if the chances of preventing heart attack outweighed the chances of bleeding and that women aged 55 to 79 years take aspirin if the chances of reducing stroke outweighed the chances of bleeding. At that time, the USPSTF also recommended that men younger than 45 years and women younger than 55 years who have not previously had a heart attack or stroke not take aspirin for prevention and that the balance of benefits and harms at age 80 years or older were unclear. In 2007, the USPSTF recommended against use of aspirin to prevent CRC in adults at average risk for CRC. The USPSTF wanted to update recommendations for using aspirin to prevent CVD and CRC based on new information.

### How did the USPSTF develop these recommendations?

To update the 2009 and 2007 recommendations, the USPSTF reviewed 4 new studies of aspirin to prevent CVD, several additional analyses of CRC follow-up data, and a comprehensive review of studies of potential harms of aspirin use. The USPSTF then used a simulation model to estimate the balance of benefits and harms at various ages and risk levels.

### What did the authors find?

Aspirin reduces the risk for CVD events in adults aged 50 to 69 years who are at risk for CVD. The benefit is moderate and varies by age and CVD risk.

Aspirin use reduces the risk for CRC in adults after 5 to 10 years of daily use.

Aspirin increases the risk for bleeding into the intestinal tract or brain, but the risks are small before age 59 years and are small to moderate for ages 60 to 69 years.

### What does the USPSTF suggest that doctors and patients do?

Adults aged 50 to 59 years without CVD or CRC should use aspirin to prevent these conditions if they have a 10% or greater risk for CVD, are not at increased risk for bleeding, are expected to live at least 10 years, and are willing to take aspirin daily for at least 10 years.

The decision to use aspirin for preventing CVD and CRC in adults aged 60 to 69 years should be an individual one depending on patient preferences and discussion with a health care professional.

There is not enough evidence to recommend for or against using aspirin to prevent CVD and CRC in adults younger than 50 years or those aged 70 years or older.

### What are the cautions related to these recommendations?

The USPSTF recognizes that clinical decisions involve more than evidence alone and should be individualized for the specific patient or situation.