

Updated Aspirin Use Guidelines Released

With aspirin use in the elderly controversial because of their higher bleeding risk, the 2015 Beers Criteria by the American Geriatrics Society previously advised using caution in administering aspirin for primary prevention of cardiovascular disease for adults over the age of 80 and the 2002 ACC/AHA guidelines recommended that the decision to start low-dose aspirin in adults 60-69 with a 10 percent or greater 10-years cardiovascular disease risk should be an individual one.

Now, the guidelines for use of low dose aspirin in healthy elderly for the primary prevention of cardiovascular events has changed following trials and a review of clinical studies. The 2019 updated recommendations for facilities are as follows:

- ACC/AHA Guidelines: The 2019 updated ACC/AHA guidelines strongly recommend against the use of low-dose aspirin (70-100 mg orally daily) on a routine basis for the primary prevention of atherosclerotic vascular disease (ASCVD) among adults >70 years of age due to risk of harm.
- Beers Criteria: The 2019 updated Beers Criteria recommends to use extra caution for the use of aspirin for primary prevention of ASCVD in patients 70 years or older due to the risk of major bleeding.

As a result of this updated guidance, facilities should reevaluate their policies and practices regarding aspirin use. Since low-dose aspirin is not recommended for use in adults 70 and over for primary prevention of cardiovascular disease because of the increased chance of bleeding, which holds a greater risk of harm than benefit, organizations should individualize care to determine if use of aspirin is appropriate.

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