

# Letter to the Editor: The Pundit Speaks

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## *“Aspirin of Little Benefit for Heart Disease, Stroke”*

As of 2016, recommendations were for older Americans with a high risk of heart disease, to take low-dose aspirin every day to reduce their risk of a heart attack, prevent some cancers and cancer death, extend their lives and save the lives of hundreds of thousands of patients over the course of 20 years. By 2017, experts recommended that you should use daily aspirin therapy only after first talking to your health care professional, who can weigh the benefits and risks. However, after carefully examining scientific data from major studies, FDA had concluded that the data do not support the use of aspirin as a preventive medication by people who have not had a heart attack, stroke or cardiovascular problems, a use that is called "primary prevention." In such people, the benefit has not been established but risks—such as dangerous bleeding into the brain or stomach—are still present. Caution is needed with blood thinners. When you have a heart attack, it's because one of the coronary arteries (which provide blood to the heart), has developed a clot that obstructs the flow of blood and oxygen to the heart. Aspirin works by interfering with your blood's clotting action. Care is needed when using aspirin with other blood thinners, such as warfarin, dabigatran (Pradaxa), rivaroxaban (Xarelto) and apixiban (Eliquis). As of 2018, three new large studies have been completed as follows: the ASCEND study, the ARRIVE study and the ASPREE study. In the ASCEND study, aspirin use was linked to a 12% drop in the rate of serious vascular events, but a 29% increase in the rate of major bleeding events. All-cause mortality was no different among groups. In the ARRIVE study, there was no significant difference in the incidence of the composite primary outcome of myocardial infarction, stroke, unstable angina, transient ischemic attack, or death from cardiovascular causes but, the incidence of gastrointestinal bleeding events with aspirin was double that of placebo. In the ASPREE study, there was no evidence of cardiovascular benefit from aspirin, but patients taking aspirin had higher major bleeding risks. As for cancer prevention with aspirin, the biologic basis for either an early or a delayed effect of aspirin on cancer was unclear. A study expert concluded, “Beyond diet maintenance, exercise, and smoking cessation, the best strategy for the use of aspirin in the primary prevention of cardiovascular disease may simply be to prescribe a statin instead.”

In the America that I love, it now appears that individuals with a bleeding tendency should avoid daily aspirin intake. It is also becoming questionable if daily aspirin can be used for cancer prevention. We are at a point when so-called scientific studies only add some confusion.

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