



What does the USPSTF recommend?



For adults aged 40 to 59 years with an estimated 10% or greater 10-year cardiovascular disease (CVD) risk:

The decision to initiate low-dose aspirin use for the primary prevention of CVD in this group should be an individual one.



For adults 60 years or older:

Do not initiate aspirin for the primary prevention of CVD.



To whom does this recommendation apply?

This recommendation applies to adults 40 years or older without signs or symptoms of CVD or known CVD and who are not at increased risk for bleeding (eg, no history of gastrointestinal ulcers, recent bleeding, or other medical conditions, or taking medications that increase bleeding risk).



What's new?

- The USPSTF has changed the age ranges and grades of its recommendation on aspirin use.
- The USPSTF currently recommends considering initiating aspirin in persons with an estimated 10% or greater CVD risk at a younger age: 40 years instead of 50 years.
- Aspirin should be initiated selectively based on individual decision-making rather than routinely for all persons in the recommended age and CVD risk group.
- There is a new recommendation not to initiate aspirin in adults 60 years or older for primary prevention.
- The evidence is unclear whether aspirin use reduces the risk of colorectal cancer incidence or mortality.



How to implement this recommendation?

- Consider the patient's age.
- **For adults aged 40 to 59 years:** Estimate CVD risk using a CVD risk estimator.
 - In patients whose estimated CVD risk is 10% or greater, use shared decision making, taking into account potential benefits and harms of aspirin use, as well as patients' values and preferences, to inform the decision about initiating aspirin.
 - For patients initiating aspirin use, it would be reasonable to use a dose of 81 mg/day.
- **For adults 60 years or older:** Do not initiate aspirin for primary prevention of CVD.



What additional information should clinicians know about this recommendation?

- Age is one of the strongest risk factors for CVD.
- Males have a higher prevalence of CVD than females. Among both sexes, Black persons have the highest prevalence of CVD.
- Aspirin reduces the risk of cardiovascular events, but it increases the risk for gastrointestinal bleeding, intracranial bleeding, and hemorrhagic stroke.
- Both CVD risk and risk for gastrointestinal bleeding, intracranial hemorrhage, and hemorrhagic stroke (with or without aspirin use) increase with age.
- For patients who are eligible and choose to start taking aspirin, the benefits become smaller with advancing age, and data suggest that clinicians and patients should consider stopping aspirin use around age 75 years.



Why is this recommendation and topic important?

CVD is the leading cause of mortality in the US, accounting for more than 1 in 4 deaths. Each year, an estimated 605,000 Americans have a first heart attack and about 610,000 experience a first stroke.



What are additional tools and resources?

- The [Million Hearts](#) initiative provides information on improving cardiovascular health and preventing heart attack and stroke.
- The [Centers for Disease Control and Prevention](#) have resources related to risk of heart disease and the prevention of heart disease for patients and health professionals.
- The [National Heart, Lung, and Blood Institute](#) has patient resources related to coronary heart disease.



Where to read the full recommendation statement?

Visit the [USPSTF website](#) or the [JAMA website](#) to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.