Mission
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# Gerryatric Musings

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## The Use of ASA

This month I want to tackle an issue that we discuss regularly at our medication reviews at the long term care facilities that I work. That is the use of ASA.

This medication is used at low dose for prevention of vascular events both cardiac and cerebrovascular. What is the evidence? There was an excellent review in the Southern Medical Association Journal in 2012. Again, this subject has not been well studied in the oldest of the old.

For primary prevention, they refer to recommendations of the US Preventive Services Task Force. This Task Force does not recommend ASA for primary prevention in patients older than 80 years because of the paucity of evidence. Epidemiological modeling done by Nelson et al suggest that any benefits of low-dose ASA on cardiovascular disease risk in people 70 years and older are offset by adverse events.

What about the use in elderly diabetics? It is difficult to draw conclusions about benefits in elderly diabetic patients because all of the meta-analyses studied people whose median ages were under 65 years old. The suggestion was that it is reasonable to consider low-dose ASA use for diabetic patients at intermediate CVD risk until further research is available. The question to ask is does the risk outweigh any benefit?

There is an overwhelming amount of information to support greater benefits than risks in the use of ASA as secondary prevention. The benefits actually increase as age increases because of the higher likelihood of a cardiovascular or cerebrovascular event taking place.

Aging patients are at higher risk for polypharmacy and medication-induced adverse events. Elderly patients have a higher risk of GI bleeding, hemorrhagic stroke and intestinal perforation when taking ASA.

The decision merits a risk benefit analysis and discontinuation if the risk for side effects is great.

Next month: PPI use in the elderly.