

Allison Schleeper

Mentor: Kevin Luitjohan

Title: *The Utilization of Evidence-Based Guidelines as an Approach to Choosing Aspirin for General Heart Health*

Abstract

Many guidelines are updated on a yearly basis, each update containing small changes. When big changes are made, the adjustment becomes more important in the modification of practice. In March 2019, the cardiovascular primary prevention guidelines changed to a more conservative approach. Changes in practice should have followed relatively quickly as the risk seemed to outweigh the benefit in certain groups. According to guideline recommendations, the use of daily aspirin should be considered only in those aged 40-70 with low bleeding risk and "higher" ASCVD risk which is further clarified to be $\geq 10\%$ risk in a 10 year analysis. A survey was constructed and sent out to patients via social media to anonymously record information regarding the components of the ASCVD risk assessment. After data was collected, an ASCVD 10 year risk was calculated for those in the recommended age range without higher bleeding risk to determine if the patient's risk was greater than 10%. After 3 months, only 40% of the patients who had seen their providers and proved to be at a higher risk for a cardiovascular event actually took a daily low dose aspirin. More studies need to occur to trend data to see if over time providers account for the changes in therapy in addition to changing the survey format from online to in person interviewing.