

## BACKGROUND

- More than 1/2 of deaths in the US result from stroke, cancer, or heart disease.
- Aspirin has been used for thousands of years for many different indications, though since the 1940's for primary prevention.
- Primary prevention guidelines were released in March 2019, changing previous thought of using aspirin for every patient to cutting down use due to lack of benefit and more risk.

## OBJECTIVE

- Quantify those who are at a higher risk and may benefit from aspirin therapy based on 2019 guidelines.
- Compare those who may benefit against those who receive the recommendation from their providers.

## METHODS

**Study Design:** Cross-sectional, retrospective study using an internet-based survey

**Inclusion Criteria:** All US residents ages 18 and older who have not had a stroke, MI, or acute coronary syndrome

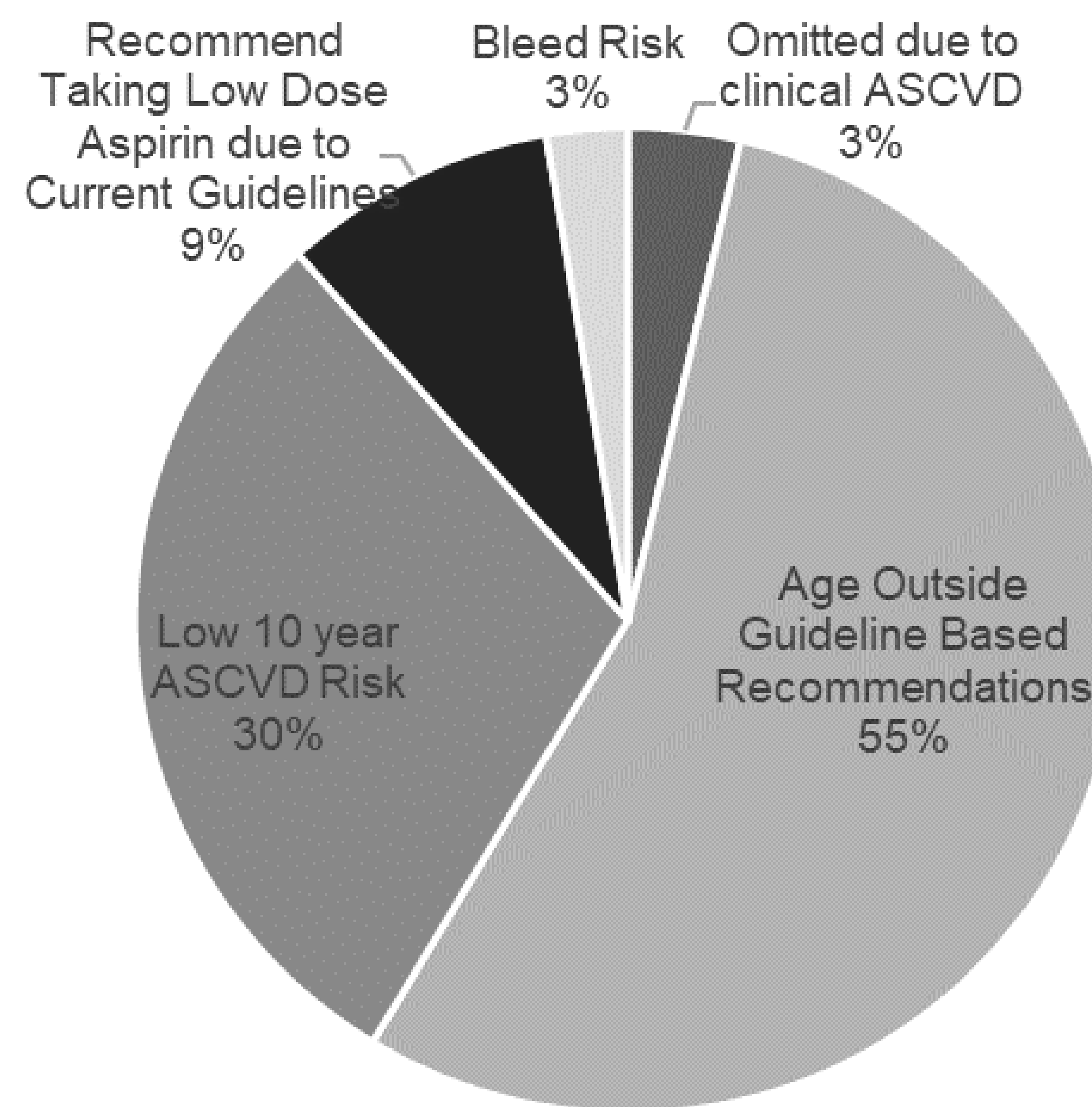
**Dependent Variables:** the use of antihypertensive medications, the use of -statin medications, total cholesterol levels, HDL levels, systolic blood pressure values, use of aspirin and strength, doctor's recommendation on aspirin use.

**Independent Variables:** sex, age, race, chronic conditions such as smoking status, hypercholesterolemia (total cholesterol and HDL, hypertension, CKD, diabetes, steroid use, NSAID use, anticoagulant use, internal bleeding, need for secondary prevention due to stroke/ACS/MI, time since last doctor visit.

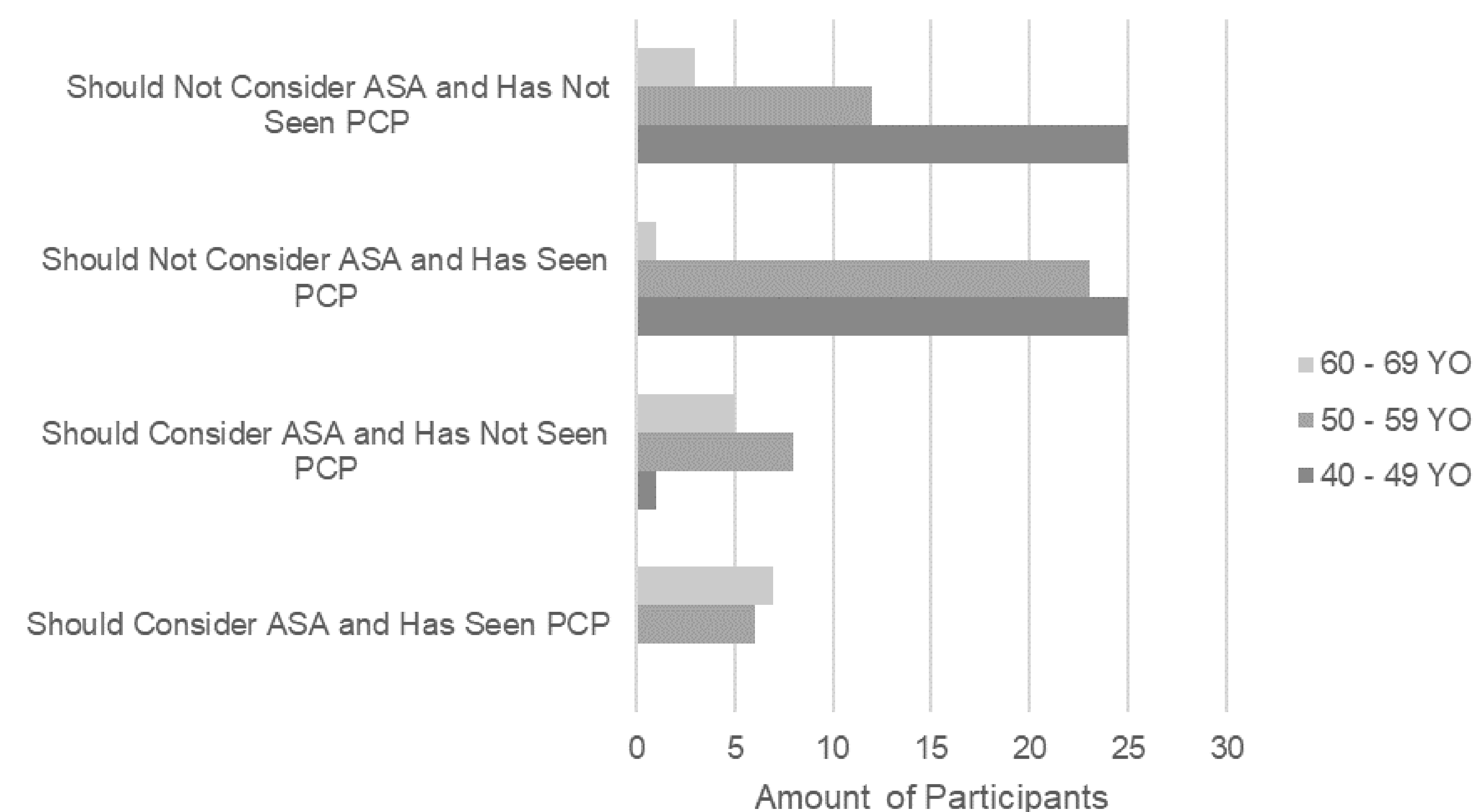
**Data Analysis:** relied on percentages to describe and compare sample.

## RESULTS

Breakdown of Total Participants

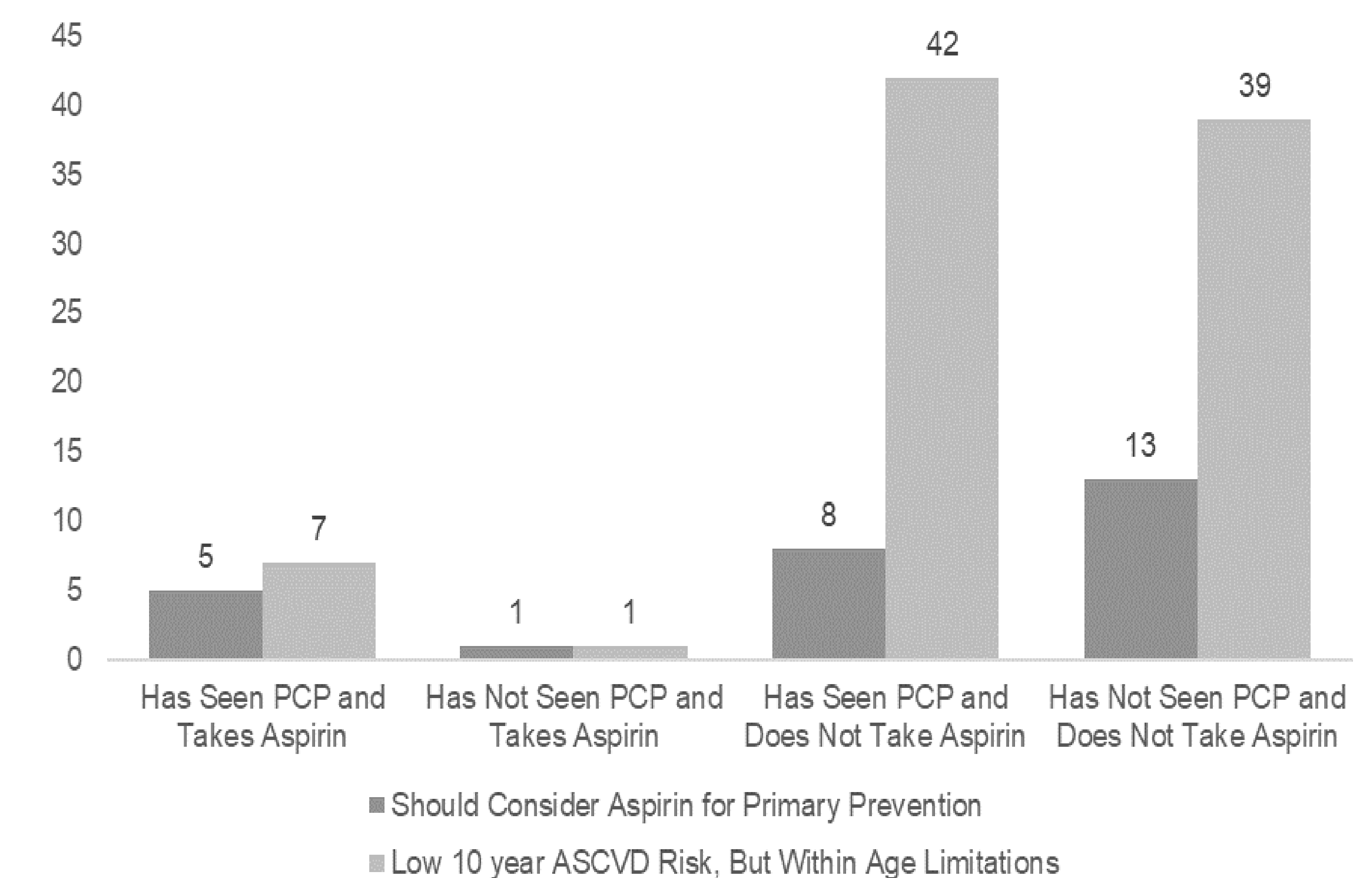


Age Analysis of Office Visit Since Guideline Update and Use of Primary Prevention



## RESULTS

Participants Based Off Office Visit Since Guideline Update and Current Use of Aspirin



## CONCLUSION

- Staying up to date is one of the most challenging and rewarding feats a provider can do to help their patients.
- Three months after the change in guidelines, less than 40% of patients actually took daily low dose aspirin of those who should be considered for the medication as a primary preventative for clinical ASCVD events.
- Future data should be constructed to follow up on the integration of new guidelines included in provider recommendations.