

Aspirin for Primary Prevention in Patients with Diabetes

Recommendations from three professional organizations

The American Heart Association, the American College of Cardiology, and the American Diabetes Association have collaborated to produce a position statement on aspirin for primary prevention in patients with diabetes. The statement includes a meta-analysis of nine randomized trials, in which aspirin lowered risk for coronary events by 9% and for stroke by 15%; neither difference reached statistical significance. The authors estimate that excess risk for gastrointestinal bleeding conferred by aspirin could be as high as 1 to 5 episodes per 1000 diabetic patients annually. Based on their balancing of benefits and harms, the authors make the following recommendations for primary prevention in adults with diabetes:

- Low-dose aspirin (75–162 mg daily) "is reasonable" for patients with 10-year cardiovascular disease (CVD) risk >10% and no risk factors for bleeding. This group would include most diabetic men older than 50 and women older than 60 who have at least one additional major risk factor (i.e., smoking, hypertension, dyslipidemia, family history of premature CVD, or albuminuria).
- Aspirin "should not be recommended" for diabetic men younger than 50 and women younger than 60 with no other risk factors (10-year CVD risk, <5%).
- Aspirin "might be considered" for those at intermediate risk (10-year CVD risk, 5%–10%); this group would include younger patients with, and older patients without, other risk factors.

Several websites with calculators to estimate 10-year cardiovascular risk are listed, including the [UKPDS Risk Engine](#) and the [ARIC CHD Risk Calculator](#).

Comment: The authors acknowledge that their recommendations are based on inconclusive evidence: Event rates in randomized trials have been too low to generate precise estimates of aspirin's effect, some estimates are drawn from potentially biased subgroup analyses, and the incremental benefit of aspirin in patients who take statins and other risk-lowering agents is unclear. Ongoing trials that will provide additional data on aspirin prophylaxis include [ACCEPT-D](#) (from Italy) and [ASCEND](#) (from the U.K.).

— [Allan S. Brett, MD](#)

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