RESEARCH SUMMARY

Comparative Effectiveness of Aspirin Dosing in Cardiovascular Disease

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CLINICAL PROBLEM

Aspirin is recommended in patients with established atherosclerotic cardiovascular disease to lower risk of serious adverse health outcomes. However, the appropriate dose is a subject of controversy.

CLINICAL TRIAL

Design: An open-label, pragmatic, randomized, controlled trial comparing the effectiveness of 81-mg and 325-mg doses of daily aspirin as secondary prevention in patients with established atherosclerotic cardiovascular disease.

Intervention: 15,076 patients were assigned to daily aspirin at a dose of 81 mg or 325 mg and were followed for a median duration of 26 months.

RESULTS

Effectiveness: The incidence of death from any cause, hospitalization for myocardial infarction, or hospitalization for stroke was similar in the 81-mg and 325-mg groups.

Safety and Adherence: The incidence of hospitalization for major bleeding with an associated blood-product transfusion was similar in the two groups. The 325-mg group had higher incidences of dose switching (41.6% vs. 7.1%) and aspirin discontinuation (11.1% vs. 7.0%) and fewer days of aspirin exposure.

LIMITATIONS AND REMAINING QUESTIONS

Further study is required to understand the following:

- Whether a high incidence of dose switching in the group assigned to the 325-mg dose affected trial results
- How results might differ with longer-term follow-up and a more diverse trial population
- What the incidences of nonserious adverse events and minor bleeding are and whether these affect adherence

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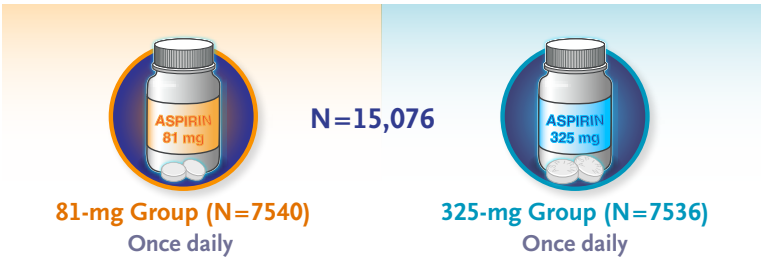

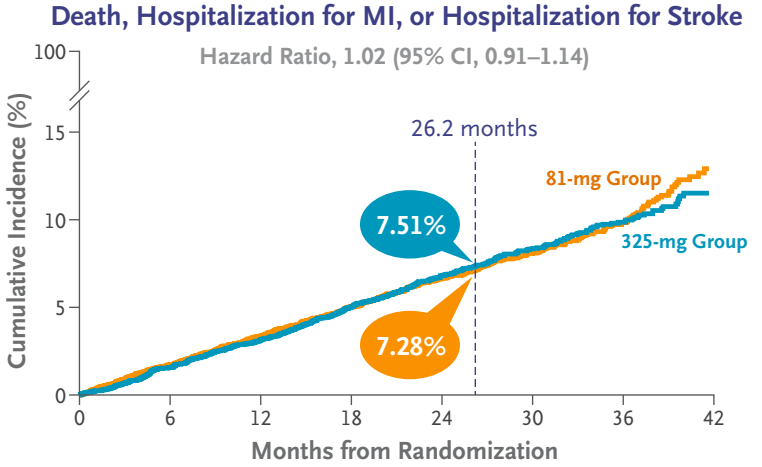

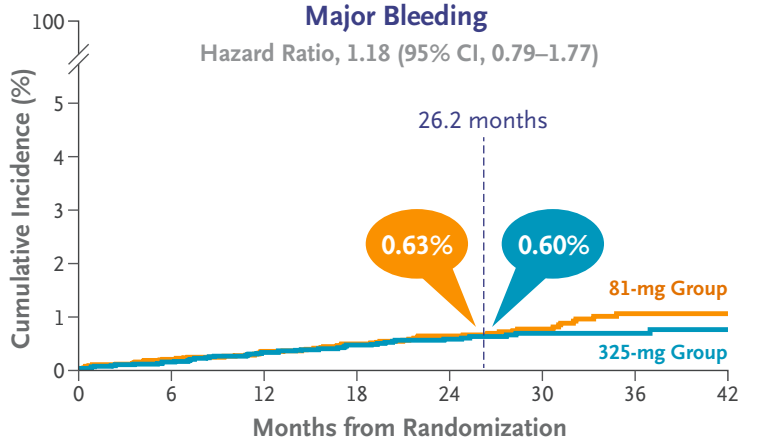

CONCLUSIONS

Effectiveness and safety outcomes did not differ significantly with daily use of 81 mg as compared with 325 mg of aspirin in patients with established atherosclerotic cardiovascular disease, and adherence was better with the 81-mg dose.