Aspirin
Clinician Guide

Introduction
These recommendations were developed to assist primary care physicians and other clinicians in outpatient primary and secondary prevention of atherosclerotic cardiovascular disease (ASCVD). The KP National Integrated Cardiovascular Health Guideline team adopted the 2016 aspirin recommendations developed by the United States Preventive Services Task Force (USPSTF) for people without ASCVD. It is not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by practitioners.

Aspirin Therapy at 81 mg Orally Daily for Adults without ASCVD

- Initiate aspirin in adults aged 50-59 years with a ≥ 10% 10-year ASCVD risk. (Strong recommendation)
- Consider initiating aspirin in adults aged 60-69 years with a ≥ 10% 10-year ASCVD risk. (Weak recommendation)
- There is no recommendation for or against aspirin therapy in adults aged < 50 or ≥ 70 years. (No recommendation for or against)

Aspirin Therapy at 81 mg Orally Daily for Adults with ASCVD

- Initiate aspirin in individuals with clinical ASCVD, which includes acute coronary syndromes, history of MI, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA, carotid stenosis ≥50%, or symptomatic peripheral artery disease presumed to be of atherosclerotic origin. (Strong recommendation)
- Consider aspirin in individuals with subclinical ASCVD, which includes asymptomatic coronary artery disease or peripheral artery disease, e.g., aortic atherosclerosis, or abnormal ankle brachial index (ABI) detected on screening. (Weak recommendation)
## TERMINOLOGY

<table>
<thead>
<tr>
<th>Recommendation Language</th>
<th>Strength*</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start, initiate, prescribe, treat, etc.</td>
<td>Strong affirmative</td>
<td>Provide the intervention. Most individuals should receive the intervention; only a small proportion will not want the intervention.</td>
</tr>
<tr>
<td>Consider starting, etc.</td>
<td>Weak affirmative</td>
<td>Assist each patient in making a management decision consistent with personal values and preferences. The majority of individuals in this situation will want the intervention, but many will not. Different choices will be appropriate for different patients.</td>
</tr>
<tr>
<td>Consider stopping, etc.</td>
<td>Weak negative</td>
<td>Assist each patient in making a management decision consistent with personal values and preferences. The majority of individuals in this situation will not want the intervention, but many will. Different choices will be appropriate for different patients.</td>
</tr>
<tr>
<td>Stop, do not start, etc.</td>
<td>Strong negative</td>
<td>Do not provide the intervention. Most individuals should not receive the intervention; only a small proportion will want the intervention.</td>
</tr>
</tbody>
</table>

*Refers to the extent to which one can be confident that the desirable effects of an intervention outweigh its undesirable effects.

## DISCLAIMER

This guideline is informational only. It is not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by practitioners, considering each patient’s needs on an individual basis. Guideline recommendations apply to populations of patients. Clinical judgment is necessary to design treatment plans for individual patients.