

Let's Talk About It

Starting Aspirin to Prevent Heart Disease and Stroke

Taking low-dose aspirin, also known as “baby aspirin,” can lower the chance of having a first heart attack or stroke. It can also cause harm, especially internal bleeding. Age, risk for heart disease or stroke, risk for bleeding, and patients’ preferences and values, all play a part in the decision to begin aspirin use. This guide will help you and your healthcare professional talk about whether starting aspirin may be right for you. **This guide is ONLY for people who have not had a heart attack or stroke, have not been diagnosed with heart disease or blood vessel disease (like PAD), and are not currently taking aspirin to prevent heart disease.**

What Are the Benefits and Harms?



Benefits

- Daily aspirin use can lower the chance of having a first heart attack or stroke and lead to a longer and healthier life.

Harms

- Daily aspirin use can cause bleeding in the stomach, intestines, and brain. This can be very serious.
- The older you are, the more likely you are to experience this bleeding.

Who Might Consider Starting Aspirin?

40 to 59 years old

Talk to your healthcare professional to:

- **Learn if you are at higher risk for having a first heart attack or stroke.** The higher the risk, the more benefit you may have from taking aspirin. Your healthcare professional will assess your specific risk level, looking at things like sex, cholesterol, blood pressure, smoking, diabetes, and more.

And

- **Learn if you do not have a higher chance of bleeding.** Your healthcare professional can help you understand more about your bleeding risk.

Questions to ask your healthcare professional

- 1 Am I at higher risk of having a heart attack or stroke?
- 2 Am I at a higher risk for bleeding?
- 3 If I start taking aspirin now, what dose should I take and for how long?
- 4 What are other ways to reduce my heart disease or stroke risk?

60 years or older

You should **NOT** start taking aspirin.

- At this age, the harm of starting daily aspirin—bleeding—can be more likely than the possible prevention of a heart attack or stroke.

Questions to ask your healthcare professional

- 1 Why is starting aspirin at my age not recommended?
- 2 What are other ways to reduce my heart disease or stroke risk?
- 3 If I'm already taking aspirin to prevent a first heart attack or stroke, should I continue taking it or stop it? When might be the right time for me to stop? (Do not stop taking aspirin without talking to your healthcare professional.)

The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.

U.S. Preventive Services Task Force (USPSTF) Recommendation*

The USPSTF recommends that the decision to initiate low-dose aspirin use for the primary prevention of cardiovascular disease in adults ages **40 to 59 years who have a 10% or greater 10-year cardiovascular disease (CVD) risk** should be an individual one. Evidence indicates that the net benefit of aspirin use in this group is small. Persons who are not at increased risk for bleeding and are willing to take low-dose aspirin daily are more likely to benefit. (USPSTF Grade: C)

The USPSTF recommends against initiating low-dose aspirin use for the primary prevention of CVD in adults ages **60 years or older**. (USPSTF Grade: D)

Cardiovascular Disease Risk

In this recommendation, the USPSTF defines “higher risk” for cardiovascular disease as having a 10% or higher chance of having a heart attack or stroke over the next 10 years.

To estimate a person’s risk for heart disease and stroke, healthcare professionals can use a CVD risk estimator tool, such as the [American College of Cardiology/American Heart Association Pooled Cohort Equations \(PCE\)](#). This online tool estimates a patient’s risk for developing heart disease and stroke based on factors like age, sex, race, cholesterol, blood pressure, smoking, hypertension, and diabetes status.**

Bleeding Risk

The risk for internal bleeding (gastrointestinal bleeding and bleeding in the brain) increases with older age and taking aspirin increases that risk even more. Other risk factors include male sex, diabetes, history of gastrointestinal issues (such as peptic ulcer disease), liver disease, smoking, and elevated blood pressure. Some medications, like nonsteroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen and naproxen), steroids, and anticoagulants (blood thinners), increase the risk of bleeding. These risk factors should be considered in the overall decision about whether to start or continue daily aspirin use.

Age to Stop Taking Aspirin

For those who meet the criteria to start taking aspirin and choose to do so, the decision about when to stop taking it should be made together with a healthcare professional. This USPSTF recommendation focuses on the evidence behind if and when to start taking aspirin, not on when to stop. However, data suggests that for those eligible to start taking aspirin, continuing into one’s early to mid-70s may have a small benefit for some people.

* This new USPSTF recommendation issued in 2022 is an update of a 2016 recommendation, which previously included colorectal cancer prevention. The USPSTF no longer includes aspirin use for prevention of colorectal cancer as part of the assessment on the benefits and harms of aspirin use because the latest evidence on aspirin use to prevent colorectal cancer is unclear. More research is needed. To learn more about recommendations on screening for colorectal cancer, visit www.uspreventiveservicestaskforce.org.

** The PCE risk estimator is the most commonly used CVD risk estimation tool, but it is not a perfect tool. PCE may overestimate risk in broad populations and may underestimate it in communities underrepresented in the research used to develop risk estimations. The USPSTF acknowledges that race, which is included in the PCE, is a social construct and an imperfect proxy for social determinants of health and the effects of structural racism. More research is needed on how to improve risk calculation so that healthcare professionals can better estimate risk for heart disease in all adults.