Aspirin Not Conventionally Prescribed for Heart Health

BY SHARON WORCESTER
Tallahassee Bureau

O R A N D L O , F l a . — Many primary care physicians do not prescribe aspirin appropriately for cardiovascular, a relatively common condition. Many of the 1,000 primary care physicians who were unaware of—or disregard—data about the use of aspirin for cardiovascular and recommend pregnant women who are too high.

William D. Chey, M.D., said at the annual meeting of the American Gastroenterological Association. The lowest cardioeffect dose of aspirin is 81 mg in healthy patients and in those at risk for gastrointestinal complications. Many with those who should receive gastrointestinal, such as a proton pump inhibitor, Dr. Chey said. About half of those responding to the Internet survey were internists, and half were family physicians or general practitioners. Respondents, generally between 35 and 45 years old and evenly distributed geographically across the United States, had previously agreed to participate in survey research. Overall, 97% said they recommend aspirin for cardiovascular in patients over age 60 years, with 62% always recommending aspirin and 33% usually recommending aspirin therapy, said Dr. Chey of the University of Michigan, Ann Arbor.

Nearly 70% said they recommend 81 mg daily, but 30% said they recommend 325 mg daily. "This is relevant because there may be a dose-response relationship between aspirin and the likelihood of developing ulcer disease and, consequently, gastrointestinal bleeding," Dr. Chey said. Another troubling finding was that 62% of respondents said they would recommend enteric-coated aspirin for a patient at high risk for gastrointestinal bleeding due to a previous ulcer bleed despite a lack of data showing any benefit of coated aspirin over regular aspirin. Only 28% recommended concurrent gastroprotective therapy, such as with a proton pump inhibitor and microporous. Most said they would put the patient on aspirin alone, he said. "I guess the good news is that [gastroenterologists] are going to stay in business if this is truly representative of mainstream practice," Dr. Chey said. Noting that a study last year showed that the likelihood of such a high-risk patient developing recurring gastrointestinal bleeding when put on aspirin alone is around 15%.

Aspirin cardiovascular physicians who request treatment with an NSAID is more controversial, Dr. Chey said. In one study of patients with a history of ulcer bleeding, the use of a PPI and an NSAID and the use of a cyclooxygenase-2 (COX-2) inhibitor were both associated with a recurrent bleeding rate of about 5% at 6 months.

The withdrawal of Vioxx from the market has highlighted concerns about COX-2 inhibitor and myocardial infarction risk. For now, avoid using COX-2 inhibitor in those with known coronary artery disease, Dr. Chey advised. In those without coronary artery disease who are at high risk for gastrointestinal complications, the use of a COX-2 inhibitor and PPI is warranted, but there is little or no incremental gastrointestinal safety benefit from aspirin and a COX-2 inhibitor vs. a traditional NSAID alone.

When physicians in the survey were asked about their knowledge of the effects of aspirin in patients using a COX-2 inhibitor, 69% of respondents said they were aware of the data showing that aspirin decreases or eliminates the gastrointestinal safety benefits of the COX-2 inhibitor (31% were unaware that aspirin improved the effects of COX-2 inhibitor). Yet when asked how they would manage a patient with no history of peptic ulcer disease, but with a need for nonsteroidal antiinflammatory drug treatment for arthritis, 45% said they would recommend aspirin and a COX-2 inhibitor.

"Even more important, in a high-risk patient with a history of ulcer bleeding, 60% said they would recommend a proton pump inhibitor and aspirin—even though there are no published data to support this strategy, and 24%, disproportionately, would choose a coxib and aspirin without gastrointestinal protection," Dr. Chey said. There is no logic to this combination, he said, adding that further educational efforts are necessary to correct these "important knowledge deficits."