Aspirin Cuts CV Mortality by 25% in Women

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DALLAS — Daily aspirin therapy in postmenopausal women with stable cardiovascular disease was associated with a 25% reduction in mortality in the Women's Health Initiative Observational Study. That’s the good news. The bad news? Aspirin was being used by fewer than half of the nearly 9,000 women in whom this safe and inexpensive therapy was indicated for secondary cardiovascular prevention, Dr. Jeffrey S. Berger said at the annual scientific sessions of the American Heart Association.

That’s a rate far lower than is typical in men with established cardiovascular disease. Indeed, only 46% of the 8,928 postmenopausal women with stable cardiovascular disease in the Women’s Health Initiative (WHI) Observational Study were on aspirin. Ideally, that figure ought to be in excess of 90%, since only 5% or fewer aspirin candidates have medical contraindications, observed Dr. Berger, a cardiology fellow at Duke University, Durham, N.C.

Aspirin resistance, known to be more prevalent in women, is its possible 325 mg is able to overcome mild aspirin resistance and protect affected women, Dr. Berger said.

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During a mean 6.5 years of follow-up, 8.7% of the nearly 9,000 women with stable cardiovascular disease at study entry died. All-cause mortality was 17% lower in women on aspirin vs. aspirin nonusers. Roughly 70% of aspirin users were taking 325 mg/day, with the remainder on 81 mg/day.

The mortality reduction was the same with the lower and higher dosages, which would seem to favor the use of 81 mg/day in women with stable cardiovascular disease, known to be more prevalent in women. It’s possible 325 mg is able to overcome mild aspirin resistance and protect affected women, Dr. Berger said.

Depression Risk for CHD Hospitalization

Depression is a clinically significant risk factor for developing coronary heart disease, especially in men and women aged 25-50, according to an analysis of a national family database at the Karolinska Institute, Stockholm.

Data from the family coronary heart disease (CHD) database at the institute were used to identify all people in Sweden aged 25-64 at the onset of depression, and aged 25-79 at the onset of nonfatal CHD from 1987 to 2001, reported Jan Sunquist, Ph.D., and colleagues from the Center for Family and Community Medicine, Huddinge, Sweden (Am. J. Prev. Med. 2005;29:428-33).

Two groups of patients were compared from the larger database. The first group studied had been hospitalized for depression, followed by CHD hospitalization (n = 1,916). The second group only had been hospitalized for nonfatal CHD (n = 425,495). Both depression and CHD had to be diagnosed based on World Health Organization ICD criteria.

The researchers believe that their results have important clinical implications for preventive care. ‘Primary health care teams meet patients with depression, and it is important that they consider depression as an independent and individual CHD risk factor,’ the researchers wrote. —Mark S. Lesney