Adherence to guidelines in aspirin prescription in low cardiovascular risk patients

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No relationships to disclose
Background

Aspirin is widely use in low risk patients (pts) with cardiovascular disease to prevent thrombosis, despite the increasing risk of bleeding. Pts with a previous episode of bleeding have an high risk of recurrence.

The aim of the present study was to evaluate the adherence to guideline in aspirin prescription in pts with previous minor bleeding.
Methods

The analysis was based on 2095 pts: [960 men (45.8%) and 1066 women (54.2%), mean age 58 ± 12 yrs] affected by minor rectal hemorrhage.

All pts have been followed for 1 year.

The use of aspirin has been evaluated: dose, time, other bleeding episodes (major and minor), and we also evaluated adherence to guideline in prescription aspirin in cardiac pts with previous minor bleeding. The daily aspirin dosage ranges from 80 to 500 mg.
Results

220 pts were treated with aspirin (10.9%): [120 men (12.5%) and 100 women (9.4%), p<0.05]. Of these 220, 205 (75.1%) assumed aspirin according to guidelines, 10 assumed aspirin without indications. 68 pts (24.9%) that need aspirin or antiplatelets therapy due to their cardiovascular risk were not treated, despite they don't have contraindication or allergy.
Recurrences of hemorrhage has been reported from 1860 pts, of which 210/220 were taking aspirin and 1650/1875 pts were not (95% vs. 88% p<0.001).
Results

The gender analysis shows that bleeding was present in 895 men (93%) vs. 965 (90%) women. In the male gender group 115 pts (12.9%) were treated with aspirin while 780 (87.1%) were not. In the female gender group 95 pts (9.9%) were treated with aspirin while 870 (90.1%) were not.
Results

The median age was 58 years. By comparing the prescription of aspirin with the median raises up that 23 pts down-mean were treated with aspirin vs. 197 up-mean (2% vs. 21.5%, p<0.001).
Results

By comparing men and women older than 58 that assumed aspirin (24.9% vs. 18.7%; p<0.001), the recurrence of bleeding was higher in men than in women (95.5 vs. 92.9; p=0.06).
Conclusions

The recurrence of bleeding is more frequent in older pts with a previous hemorrhage episode. It tends to be more frequent in men than in women.

The adherence to guidelines is observed even in the case of a previous hemorrhage episode but not at all.

However, the hemorrhage recurrence risk is higher in pts with no any specific indication for the aspirin assumption.