

New Statement Urges Caution for Primary-Prevention Aspirin in Diabetics

A new scientific statement on the use of aspirin for the primary prevention of cardiovascular disease in patients with diabetes recommends that low-dose aspirin is "reasonable" in those with no history of vascular disease but who are at an increased 10-year risk of cardiovascular events [1].

The new recommendations, from a joint statement of the **American Diabetes Association** (ADA), the **American Heart Association** (AHA), and the **American College of Cardiology** (ACC), essentially call for tighter criteria for aspirin use in the diabetic population. The organizations state that only men older than 50 and women older than 60 who have one or more additional major risk factors should be treated with aspirin for primary prevention of cardiovascular events.

The group recommends low-dose aspirin, 75 mg/d to 162 mg/d, for adults with diabetes and no history of cardiovascular disease but who are at an increased risk based on age and at least one additional cardiovascular disease risk factor, such as smoking, dyslipidemia, hypertension, family history of disease, and albuminuria. It is a class IIa recommendation with a level of evidence B.

Aspirin is not recommended for high-risk diabetic patients who are also at risk for bleeding and is not recommended for individuals at low risk of cardiovascular events. For those at intermediate risk, the use of aspirin can be "considered" until further research is available.

Reference

1. Pignone M, Alberts MJ, Colwell JA, et al. Aspirin for primary prevention of cardiovascular disease in people with diabetes. *Circulation* 2010; DOI:10.1161/CIR.0b013e3181e3b133. Available at: <http://circ.ahajournals.org>. 20508178J *Am Coll Cardiol* 2010; DOI:10.1016/j.jacc.2010.04.003. Available at: <http://content.onlinejacc.org>. *Diabetes Care* 2010; 33:1395-1402. [Abstract](#)