



What does the aspirin news mean for me?

For years, many doctors have recommended that people in their 50s start taking a low-dose aspirin every day to protect heart health and, more recently, to prevent colon cancer. So it was a shock this week when an independent panel made recommendations to curb aspirin use.

But don't throw out your aspirin bottle just yet.

The draft recommendations, which came from the U.S. Preventive Services Task Force, were aimed specifically at people who have not yet started taking aspirin daily. The independent panel of volunteer experts did not issue advice for people who are already taking an aspirin every day, and the news does not necessarily mean you should stop taking the drug if your doctor prescribed it. Check with your physician first to talk about the risks and benefits.

The concern among cardiologists is that news coverage of the aspirin recommendations has confused people at high risk who can still clearly benefit from the drug. Doctors often prescribe daily aspirin for "secondary prevention" as a way to lower the risk for people who've already had a heart attack or stroke, or who have had serious cardiac interventions like stents or bypass surgery.

Dr. Eric Topol, a cardiologist and professor of molecular medicine at Scripps Research in La Jolla, Calif., said he had already stopped recommending aspirin to prevent a first heart attack, but there are many people at high risk who still benefit from the drug.

"The data are unequivocal for secondary prevention," Dr. Topol said. "There are at least six major trials with long-term follow up showing that people with heart disease derive strong benefit."

So what should aspirin users and others worried about heart health do now? Here are answers to some common questions.

What's the concern about the risks of aspirin?

Daily aspirin use has been shown to lower risk of heart attack or stroke, but aspirin can also increase the risk for bleeding in the brain, stomach and intestines. Although the absolute risk of a bleeding event is relatively low, the risk increases with age.

For some people at very high risk of a heart attack or stroke, the benefits of a daily aspirin may far outweigh the bleeding risk. For many others, aspirin will no longer be recommended.

What should people who are taking daily aspirin do now?

Talk to your doctor before quitting aspirin. The task force guidance was only for people who have not started using aspirin.

Many patients now taking aspirin may be advised to keep taking it, particularly those who've already had a heart attack or other cardiovascular issue. It's also possible that your doctor will tell you to stop using aspirin as a result of the task force advice, but the decision will be based on your specific health risks.

What if I'm not taking aspirin and I'm worried about heart risk?

For people ages 40 to 59, the task force suggested that you talk to your doctor about daily aspirin use. Depending on your personal circumstances, your doctor may still recommend that you start taking aspirin because the benefits to heart health outweigh the bleeding risk. But for many people, doctors will most likely discourage daily aspirin use based on the task force guidelines. If you have a family history of heart disease or another risk factor, your doctor may prescribe a class of drugs called statins that lower cholesterol and risk for heart attack.

For people ages 60 and older, the guidance is more definitive. The task force stated clearly that people in this age group should not start taking aspirin to prevent a first heart attack or stroke.

I recently had a heart attack and now take aspirin daily. Has the advice for me changed?

No. The task force makes recommendations only about prevention, and it did not weigh in on issues of disease management for people who have already had a heart attack.

What did the panel say about aspirin and colon cancer?

In 2016, the task force had advised people in their 50s at risk for heart disease to take low-dose aspirin to prevent both cardiovascular disease and colon cancer. But the task force this year reviewed additional research and decided it needed more evidence to make a definitive recommendation. Some patients with genetic risk for colon cancer may still be advised by their doctors to take aspirin.

Dr. Sophie M. Balzora, a gastroenterologist at NYU Langone Health, said the new guidance was likely to confuse and even disappoint many patients who wanted to take aspirin to lower risk for colon cancer. The most important thing patients can do to lower risk for cancer is to follow guidelines for regular colon cancer screening, Dr. Balzora said. Last year, the Preventive Services Task Force recommended that adults should start screening for colorectal cancer routinely at the age of 45, instead of waiting until 50.

“I tell patients that there are still things in your control aside from aspirin that you can do to lower risk,” Dr. Balzora said. “Not smoking, an active lifestyle, limiting alcohol, eating a high fiber diet, avoiding processed meats and red meats — that’s stuff we’ve known for a while. There are still a lot of other things to focus on.”

If my doctor tells me to stop taking aspirin, how long does the increased risk for bleeding last?

The low risk for bleeding disappears quickly once you stop taking aspirin, Dr. Topol said. “Aspirin’s effect on the platelets goes away within a week,” he said.

Extracted from “The Well” Newsletter from New York Times. Written by: Tara Parker-Pope