

Primary Prevention Trials: Prevention of MI and Stroke

| Trial | ASA dose/day | MI | P | Stroke | P |
|-------|--------------|------|-------|--------|-----|
| WHS | 50 mg | +2% | ns | -17% | .04 |
| HOT | 75 mg Men | -42% | .001 | -1%‡ | ns |
| | 75 mg Women | -19% | ns | | |
| PPP | 100 | -31% | ns | -33% | ns |
| PHS | 160† | -44% | <.001 | +22% | ns |
| UK | 500 mg/D | -3% | ns | +17% | n |

WHS = Women's Health Study

HOT = Hypertension Optimal Treatment study

PPP = Primary Prevention Project

PHS = Physician's Health Study

UK = British physician study.

50 mg/day = 100 mg QOD.

† 160 mg/day = 325 mg QOD.

‡ Stroke data for men and women combined.

Lowest Effective Dose (mg/day)

Primary prevention

| | | |
|-----------------------------|-----|---------|
| MI in men age | 50+ | 160 mg |
| MI in women age | 50+ | >100 mg |
| Stroke in men | 50+ | Unknown |
| Stroke in women | 50+ | >100 mg |
| Stroke in men/women with AF | | 325 mg |

Secondary prevention

| | |
|---|--------|
| MI in men/women with CAD | 75 mg |
| MI/death in men/women with AMI | 160 mg |
| Stroke in men/women with HX stroke/TIA | 50 mg |
| Stroke/death in men/women with acute stroke | 160 mg |

Major Bleeding During Aspirin Therapy Major bleeds

| Study | ASA | | Placebo | P | Excess/1000 Pt/y |
|-------|----------|-----|---------|-------|------------------|
| | Dose/Day | ASA | | | |
| WHS | 50 mg | 127 | 91 | .02 | 0.19 |
| HOT | 75 mg | 129 | 70 | <.001 | 1.6 |
| PPP | 100 mg | 17 | 5 | .008 | 1.5 |
| PHS | 160 mg | 48 | 28 | .02 | 0.36 |
| UK | 500 mg | 11 | 7 | ns | 0.32 |

Incidence of Major Bleeding During Aspirin Therapy

| Dose (mg/day) | No. patients | Rate | 95% CI |
|---------------|--------------|------|----------|
| <100 | 13 337 | 1.7% | 1.4-1.9% |
| 100-325 | 43 489 | 1.7% | 1.5-1.8% |
| >325 | 1409 | 2.5% | 1.7-3.3% |

Conclusion: For both men and women, aspirin (160 mg/day) for the primary prevention and (81 mg/day) for the secondary prevention reduces the risk of cardiovascular disease.