

Lifelong aspirin for secondary prevention: risks and benefits

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Four decades have passed since the first trial suggesting the efficacy of aspirin in the secondary prevention of myocardial infarction. Although the role of aspirin in secondary prevention of CVD is generally regarded as sacrosanct, emerging data suggest that reappraisal of the efficacy of lifelong aspirin in some CCS situations may be warranted. Recent clinical trials have examined the safety of aspirin discontinuation in a number of clinical scenarios, focusing primarily on patients concomitantly prescribed other antiplatelet and anticoagulation agents. The evidence emerging from these trials enables physicians to deprescribe aspirin in certain patients who are at greater risk for harm from concomitant aspirin therapy. Further trials can inform whether stabilized contemporary patients with CCS without other antiplatelet or anticoagulation therapies might also benefit from aspirin discontinuation. Elderly individuals or those with either a known history of bleeding or high risk for bleeding would be ideal candidates for a randomized trial to assess discontinuing aspirin without starting an alternative antithrombotic, as long as the index coronary event is a year or more in the past and other CVD risk factors are well controlled. It will be challenging to design, fund, and conduct such trials, but patients and physicians deserve to know the answer.

Recently, the large scale HOST-EXAM trial randomly allocated 5530 patients who were event free for 6–18 months post-PCI and successfully received the intended duration of DAPT. The clinical diagnosis at the time of PCI was CCS in 1517 (27.4%) patients and ACS in 4013 (72.6%). During 24-month follow-up, compared with aspirin, clopidogrel monotherapy significantly reduced the risk of the composite of all-cause death, non-fatal MI, stroke, readmission due to ACS, and BARC type bleeding of 3 or more. (hazard ratio 0.73 [95% CI 0.59–0.90]; $p=0.0035$). The authors concluded that in patients requiring indefinite antiplatelet monotherapy after PCI with newer generation DES, clopidogrel monotherapy was superior to aspirin monotherapy in preventing future adverse clinical events.