# Cardiovascular Suggestions

## ASA 325 vs. ASA 81

Replacement/Addition to the List

Peer Feedback:

“ASA 81 - no indication whatsoever for ASA 325; it increases adverse effects with no added benefit compared to ASA 81”

Literature Review Question:

Is ASA 81 safer than ASA 325?

Note: This information is regarding the antiplatelet properties of ASA.

Literature Search:
Pubmed: (acetylsalicylic acid OR aspirin) AND dose AND safety AND 81 AND 325 restricted to meta-analysis and review

Aspirin dose for the prevention of CVD 2007

Although pharmacodynamic data demonstrate that longterm aspirin dosages as low as 30 mg/d are adequate to fully inhibit platelet thromboxane production, dosages as high as 1300 mg/d are approved for use. In the United States, 81 mg/d of aspirin is prescribed most commonly (60%), followed by 325 mg/d (35%). The available evidence, predominantly from secondary-prevention observational studies, supports that dosages greater than 75 to 81 mg/d do not enhance efficacy, whereas larger dosages are associated with an increased incidence of bleeding events, primarily related to gastrointestinal tract toxicity.

An association between increases in aspirin dose and risk of adverse events has been confirmed in multiple studies, whereas no such dose relationship has been identified for efficacy. This suggests that following the rapid, acute inhibition of platelet COX-1 with 160 to 325 mg of aspirin, every effort should be made to minimize the long-term dosage. Currently, the clinical data are most supportive of a 75- or 81-mg daily dose.

Campbell, Charles L., et al. "Aspirin dose for the prevention of cardiovascular disease: a systematic review." *JAMA* 297.18 (2007): 2018-2024.

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| **Medication** | **Uses** | **Contraindications (CI), drug interactions (DI) or cautions** | **Adverse Effects(common and severe)** | **Initial dose; typical dose** | **Monitoring** |
| acetylsalicylic acid | analgesia, antiplatelet, ischemic heart disease, atherosclerosis  | CI: bleeding disorders, allergy, ulcers | gastrointestinal (GI) bleed, decreased renal function (if CrCl<30ml/min) | 325mg; 325-640mg every 4 hours |  |