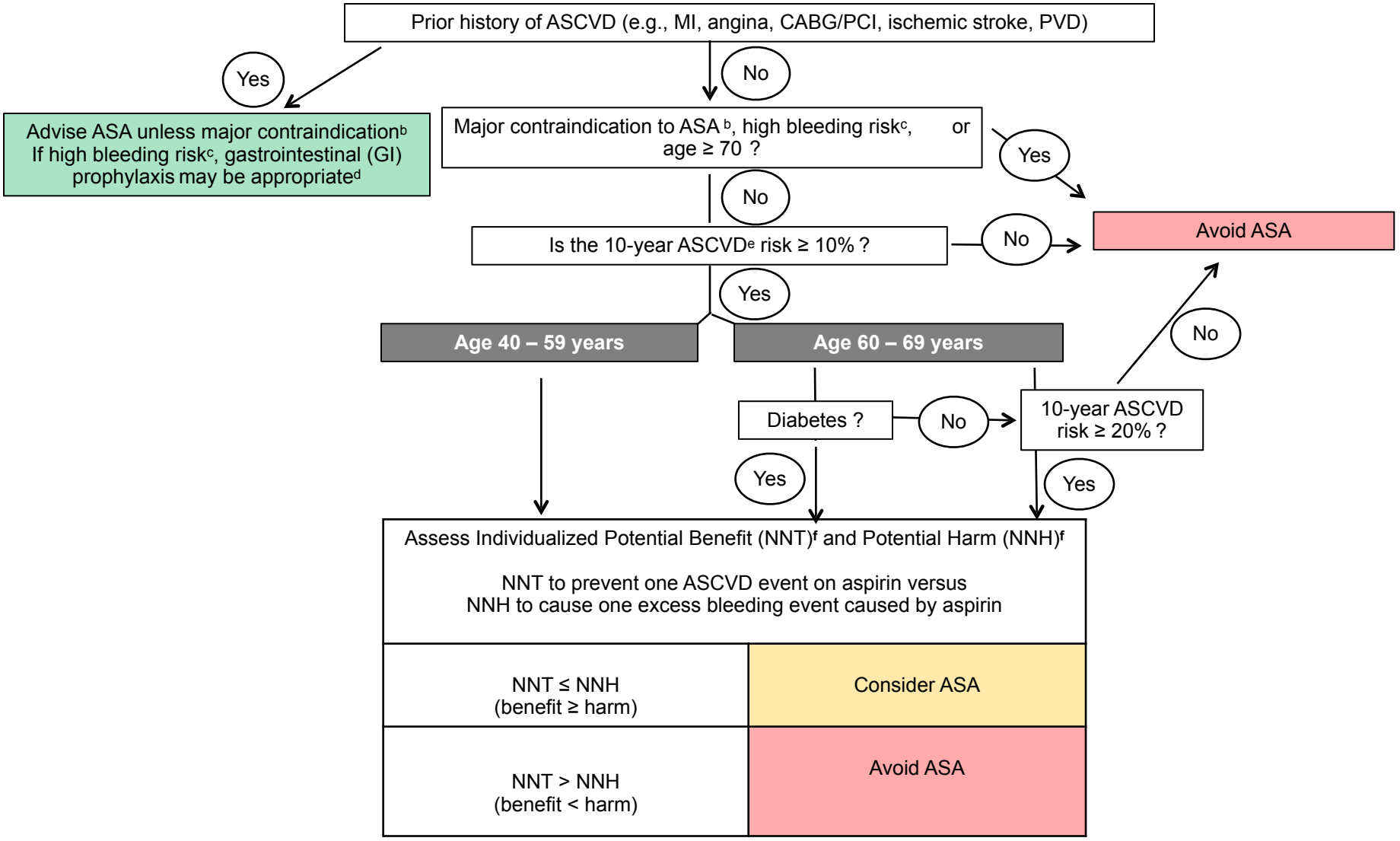
Aspirin-Guide Practical Algorithm for Shared Decision Making in the Initiation of Low-Dose Aspirin (ASA, 75 to 100 mg/d) in Primary Prevention of ASCVD[a]



[a] ASCVD: Atherosclerotic cardiovascular disease; MI: myocardial infarction; CABG: coronary artery bypass grafting; PCI: percutaneous coronary intervention; PVD: peripheral vascular disease. The algorithm also includes discussion of the patient's willingness to take longterm ASA therapy.
[b] Major contraindications are aspirin hypersensitivity/allergy, prior intracranial bleed, serious GI bleed requiring hospitalization/transfusion, severe kidney or liver disease.
[c] High bleeding risk includes history of GI ulcer, recent bleeding, or use of medications that increase risk of bleeding (e.g., anticoagulants, antiplatelets)
[d] GI: gastrointestinal prophylaxis (e.g., proton pump inhibitor or H2 blocker; and if history of peptic ulcer disease then also H. pylori treatment)
[e] Calculated by the freely-available Aspirin-Guide app using the 2013 ACC/AHA Pooled Cohorts equations, with appropriate use of lifestyle and statin therapy, as indicated.
[f] Number needed to treat (NNT) or number needed to harm (NNH) over 10 years are calculated by Aspirin-Guide

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