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Letters to the Editor

Cardiocentro Ernesto Che Guevara Santa Clara Cuba

Some considerations regarding aspirin use in the primary prevention of cardiovascular events

Algunas consideraciones acerca del consumo de aspirina en la prevención primaria de eventos cardiovasculares

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Dear Editor:

Acetylsalicylic acid (ASA), marketed since 1899 under the name aspirin, has become one of the most widely used drugs worldwide[1] and is included on the World Health Organization's (WHO) list of essential medicines.[2] Its analgesic and anti-inflammatory properties are well known, but its most significant role has been as an antiplatelet agent in the secondary prevention of cardiovascular events.[1]

However, its use in primary prevention has generated controversy. A report from the National Institutes of Health indicates that approximately 29 million adults without heart disease use low-dose ASA, and a quarter of them do so without a prescription.[3] First clinical trials (1988–2005), such as the Physicians' Health Study[4], the British Doctors Trial[5], the Thrombosis Prevention Trial[6], and the Women's Health Study[7], suggested a net benefit of acetylsalicylic acid in primary prevention, although with risks of bleeding.

However, meta-analyses and modern reviews show very modest reductions in non-fatal infarction and ischemic stroke, with no reduction in all-cause or cardiovascular mortality. At the same time, there is a clear increase in major bleeding, including gastrointestinal and intracranial bleeding, with an approximate relative risk ranging from 1.3 to 1.5.[8-10]

In the large recent trials: ASPREE,[11] ASCEND,[12] ARRIVE,[13] the benefit was negligible or minimal, and bleeding increased, with a possible increase in all-cause mortality in the elderly. Recent meta-analyses agree that, in adults without established cardiovascular disease, the risks outweigh the benefits.[14]

Major international guidelines reflect this evidence: the European Society of Cardiology (ESC)15 and the American College of Cardiology, in conjunction with the American Heart Association (ACC/AHA),[16] advise against its routine use in low- or moderate-risk individuals, limiting its indication to selected patients with high cardiovascular risk and low bleeding risk. Similarly, the guidelines of the European Society of Cardiology in conjunction with the European Association for the Study of Diabetes (ESC/EASD)[17], the American

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Diabetes Association (ADA)[18] and the United States Preventive Services Task Force (USPTF)[19], restrict its use to specific groups, while contraindicating it in people over 70 years of age or in those with a high bleeding risk.

It is particularly concerning that there are no epidemiological studies in the Cuban population measuring the true extent of aspirin use for primary prevention. Daily clinical practice suggests that its use is frequent, often without a formal medical indication, but there is a lack of data to assess the degree to which it constitutes a public health problem in our context. This absence of evidence at the national level limits the ability to adapt international recommendations to the Cuban reality and underscores the need to promote our own research that evaluates both the prevalence of use and its clinical consequences.

It is considered essential to insist on a critical re-evaluation of the indication for acetylsalicylic acid in the primary prevention of cardiovascular events. Work protocols in this area and continuing medical education should be updated, as well as the development of national studies that provide evidence on its impact on the Cuban population, in order to reduce unnecessary exposure to hemorrhagic risks and ensure the rational and beneficial use of the drug.

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