Aspirin Is No Longer Recommended to Stave Off Heart Attacks

New guidelines from the USPSTF mean you’re a lot less likely to hear from your doctor that you should start taking baby aspirin.

By Beth Skwarecki

Doctors used to advise people at risk of heart attack to start taking a “baby” aspirin (effectively a low-dose aspirin) as a preventative. But that practice has gotten less common over time, and now the US Preventive Services Task Force says that—in many cases—it provides more risk than benefit.

If you’re currently taking low-dose aspirin to prevent heart attacks, don’t stop because of this recommendation. Talk about it with your doctor first, okay? The new recommendations, which aren’t yet final, advise that doctors not start people over 60 on low-dose aspirin as a preventative. If you’re between 40 and 59 years old, meanwhile, they say the question of whether to start taking aspirin is one doctors should make on a case-by-case, patient-by-patient basis.

What changed?

The draft recommendation from the USPSTF is here. You can read what they’re recommending and why. It’s a draft because this type of document has to go through a public comment process before it’s considered final.

The previous guidelines, from 2016, recommended starting people aged 50-59 on low-dose aspirin to prevent cardiovascular disease and colorectal cancer, provided they met certain requirements. For people aged 60-69, it was supposed to be recommended on a case-by-case basis, and for people outside those age ranges, there wasn’t enough evidence to say one way or the other.
Why did the recommendations change?

Every medication has risks and benefits. The benefit of aspirin is that it may help prevent the blood clots that occur in heart attacks, since aspirin thins the blood. The risk of aspirin is that thinning the blood can increase the risk of bleeding, including bleeding in your stomach or in the brain.

As the president of the American Heart Association told the New York Times, we’ve learned more about the risks of bleeding, which changes our understanding of the risk-benefit balance. The benefit side of the equation has changed as well: when aspirin was first recommended in the late 1980s, there weren’t as many effective ways to reduce heart disease risk.

The new recommendation is not all that new, in a sense. Even though the USPSTF is only changing their guidelines now, providers have been leaning in that direction for a while. The American Heart Association, for example, says on a patient website that “[b]ecause of the risk of bleeding, aspirin therapy is not recommended if you have never had a heart attack or stroke, except for certain carefully selected patients.”

The bottom line here has not changed: Talk to your doctor about whether you should be taking aspirin as a preventative. Don’t start it on your own, and don’t stop it on your own either. Just be aware that your doctor may be less inclined to start you on aspirin now than if you had asked a few years ago.

(While we’re here: low-dose aspirin used to be called “baby aspirin.” But—here’s another thing that has changed over time—aspirin should not be given to babies at all due to the risk of Reye’s syndrome. That warning came out in the early 1980’s, and by the end of the decade, at least one major manufacturer of baby aspirin—St. Joseph’s—had pivoted to marketing its product for heart disease prevention.)