

Aspirin Use Among Older Adults

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Many older adults regularly take aspirin, often without a recommendation from a health care provider. While some older adults, especially those with a history of cardiovascular disease (CVD), benefit from regularly taking aspirin, other older adults may not and could even be harmed by regular use. In July and August 2023, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their use of aspirin, reasons for taking aspirin, and its perceived risks and benefits.

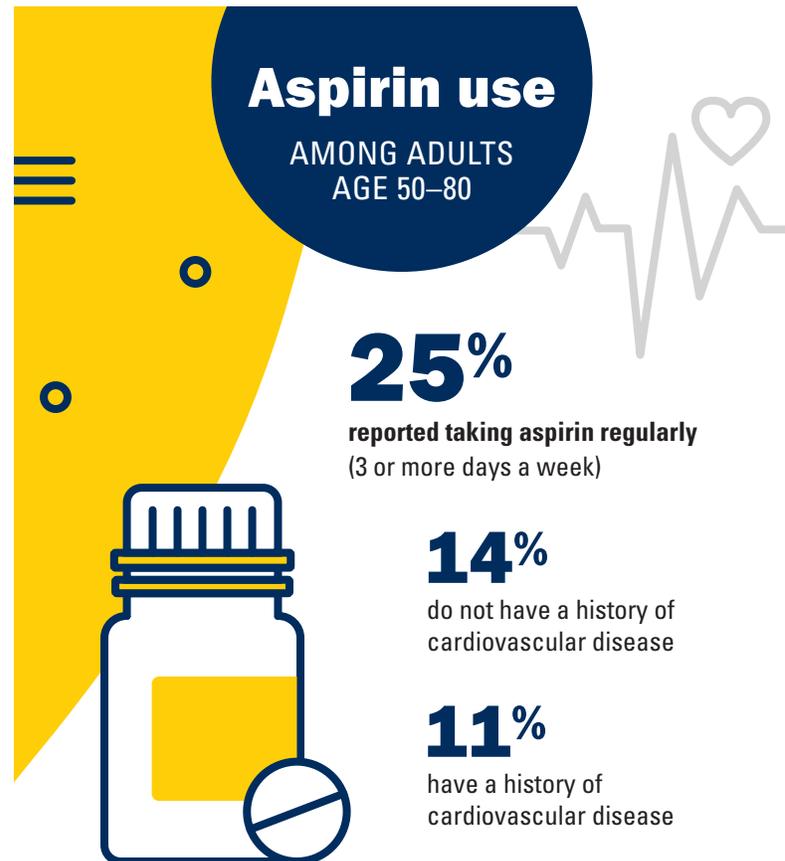
Use of aspirin

Overall, one in four adults age 50–80 (25%) reported taking aspirin regularly (three or more days in a typical week). More than two in five of those age 75–80 (42%) reported regular aspirin use. In addition to increased likelihood of use at older ages, men were more likely than women to take aspirin regularly (32% vs. 19%) as were those with fair or poor physical health (35% vs. 23% who reported excellent, very good, or good physical health).

Among those who regularly take aspirin, 89% reported taking a low-dose aspirin (81 milligrams), while 11% indicated they take regular strength aspirin (325 milligrams). About half of older adults regularly taking aspirin (51%) started taking it more than five years ago, 19% started four to five years ago, and 30% started within the past three years.

Aspirin use with a history of CVD

For most people with a history of CVD, which includes conditions that involve the heart and/or blood vessels (e.g., coronary artery disease, stroke),



regular aspirin use is generally recommended to prevent CVD complications or recurrence. Among older adults who take aspirin regularly, 43% indicated that they have a history of at least one CVD-related condition.

Among all older adults, 11% reported taking aspirin regularly and having a history of CVD. This was more common for men (15% vs. 7% for women), adults ages 65–80 (18% vs. 6% of those ages 50–64), those

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with annual household incomes less than \$60,000 (16% vs. 8% with incomes \$60,000 or more), and those who report that their activities are limited by a disability (16% vs. 9% without such limitations).

Aspirin use without a history of CVD

For some older adults without a history of CVD, guidelines recommend *against* regular use of aspirin to prevent CVD; this represents a shift in recommendations over the past five years. Among older adults who use aspirin regularly, 57% did not report a history of CVD, and 82% of them said they take aspirin to prevent an initial heart attack or stroke.

Among all older adults age 50–80, 14% reported regularly using aspirin without a history of CVD. This was more common for men than women (18% vs. 12%) and adults ages 65–80 (18% vs. 12% of those ages 50–64).

Who recommended aspirin use?

Almost all older adults who have a history of CVD and regularly use aspirin said that a health care provider recommended it (96%), while 77% of those without

a history of CVD stated they started taking aspirin at the recommendation of a health care provider. Among those without a history of CVD, 62% reported that aspirin use was recommended by their primary care provider, 13% by a cardiologist, and 13% by some other specialist. One in five without a history of CVD (20%) said their regular use of aspirin was self-initiated, and 5% began taking it based on the recommendation of family or friends.

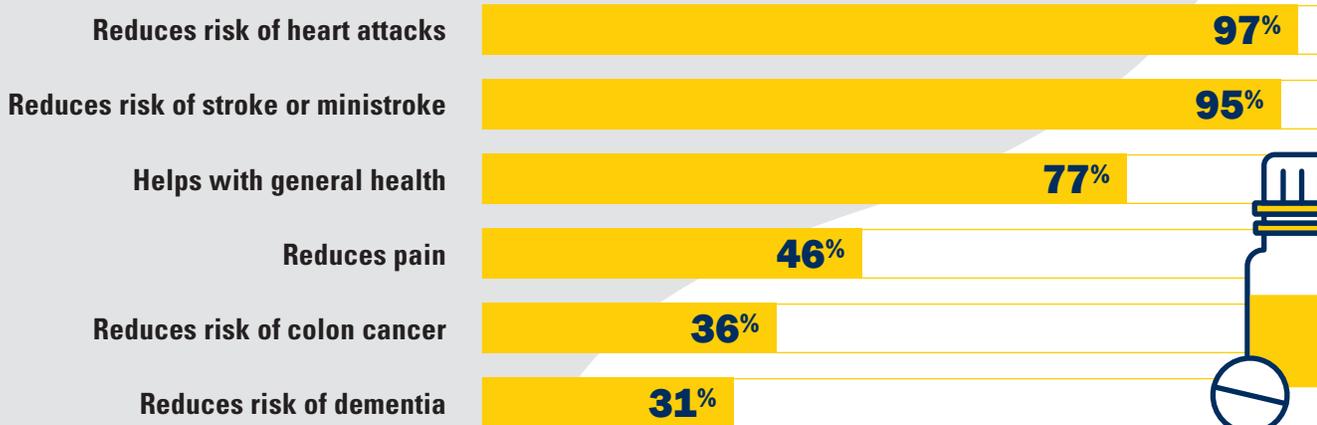
Among all adults age 50–80 who use aspirin, 34% of those who made the decision to start taking aspirin on their own or at the recommendation of family or friends said they had not discussed their aspirin use with a health care provider.

Perceived benefits and risks of aspirin

Among those age 50–80 who use aspirin, 97% believed that aspirin reduces their risk of heart attacks, and 95% believed that aspirin reduces their risk of stroke or transient ischemic attack (ministroke). More than three in four (77%) said that aspirin helps with their general health, 46% thought it relieves their pain, 36% thought it reduces their risk of colon cancer, and 31% thought it reduces their risk of dementia.

Perceived benefits of aspirin

AMONG ADULTS AGE 50–80 WHO TAKE ASPIRIN REGULARLY



Nearly seven in ten of those who use aspirin (69%) thought aspirin use increases their risk of bleeding, while 23% believed the risks of aspirin may be greater than the benefits.

Older adults who regularly use aspirin and who do not have a history of CVD were more likely to report that aspirin helped with pain (55% vs. 33% of those with a history of CVD). Only 17% of those who use aspirin without a history of CVD thought the risks of taking aspirin may be greater than the benefits, a lower percentage than those with a history of CVD.

Implications

Medical guidelines around aspirin use for older adults with a history of CVD have not changed much in recent years. Regular aspirin use continues to be generally recommended for those with a history of coronary artery disease, heart attack, stroke, cardiac bypass surgery, or stent placement based on evidence that aspirin can prevent recurrent events. This is referred to as secondary prevention.

However, guideline recommendations for people without a history of CVD have changed in the past five years. These changes are based on new information about the benefits and risks of aspirin use among those without a history of CVD. For example, guidelines from the American College of Cardiology (ACC) and the American Heart Association (AHA) now recommend *against* the routine use of aspirin among adults without a history of CVD, those who are at increased risk of bleeding, and those who are >70 years. The U.S. Preventive Services Task Force (USPSTF) recommends *against* the initiation of aspirin among adults 60 years or older without a history of CVD. For those without a history of CVD who are already regularly taking aspirin, the USPSTF suggests it may be reasonable to consider stopping regular aspirin use around age 75 upon discussion with a health care provider.

Regular aspirin use by some older adults without a known CVD history, referred to as primary prevention, may be doing more harm than good. As shown in this poll, many adults without a history of CVD who regularly take aspirin are over age 70,

Nearly one in three adults age 50–80 who use aspirin believed aspirin does not increase the risk of bleeding.

despite the ACC/AHA guidelines suggesting that aspirin should not be routinely used in this group.

This poll highlights the need to update the public about who should be regularly taking aspirin and the risks and benefits of regular aspirin use. Notably, many adults without a history of CVD who regularly take aspirin believe the benefits outweigh the risks. Nearly one in three of all older adults who regularly use aspirin did not know that aspirin increases bleeding risk. And while regular aspirin use for primary prevention has not been demonstrated to reduce dementia risk or improve general health, many people who regularly use aspirin believe it provides these benefits.

Nearly one in ten older adults who use aspirin and do not have a history of CVD have not discussed their aspirin use with a health care provider. It is important that they do so to determine if this regimen is appropriate for them. In general, people should not change their medications, including initiating or stopping aspirin use, whether they have a history of CVD or not, without first consulting with their health care provider.

Moreover, health care providers should review recent guideline changes to make sure that they are discussing aspirin use with older adults in a way that is consistent with current recommendations. There is an important opportunity for health care providers to discuss, educate, and ensure the appropriate use of aspirin to maximize the benefits and minimize the harms of this commonly used medication.

Regular aspirin use among adults age 50–80		
	Aspirin use with a history of CVD*	Aspirin use without history of CVD
Total	11%	14%
Age		
50–59	5%	10%
60–69	10%	18%
70–80	22%	17%
Gender		
Men	15%	18%
Women	1%	12%
Physical health		
Excellent / Very good / Good	10%	14%
Fair / Poor	16%	19%

*History of CVD includes coronary artery disease, as well as history of heart attack, stroke, transient ischemic attack, percutaneous coronary intervention/stenting and other conditions that involve the heart and/or blood vessels.

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by NORC at the University of Chicago for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted using NORC's AmeriSpeak probability-based panel. This survey module was administered online and via phone from July 17th–August 7th, 2023 to a randomly selected, stratified group of U.S. adults age 50–80 (n=2,657), with an oversample of non-Hispanic Black and Hispanic populations. The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 50% among panel members contacted to participate. The margin of error is ±1 to 5 percentage points for questions asked of the full sample and higher among subgroups.

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National Poll on Healthy Aging Team

Jeffrey Kullgren, MD, MS, MPH, Director
Erica Solway, PhD, MPH, MSW, Deputy Director
Scott Roberts, PhD, Associate Director
Jordan K. Shaefer, MD, MSc, Faculty Collaborator
Geoffrey D. Barnes, MD, MSc, Faculty Collaborator
Dianne Singer, MPH, Poll Manager
Matthias Kirch, MS, Data Lead
Nicholas Box, MPA, Data Analyst
Emily Smith, MA, Multimedia Designer
Lauren Hutchens, MPH, Contributing Editor

The Regents of the University of Michigan

Jordan B. Acker (Huntington Woods), Michael J. Behm (Grand Blanc), Mark J. Bernstein (Ann Arbor), Paul W. Brown (Ann Arbor), Sarah Hubbard (Okemos), Denise Ilitch (Bingham Farms), Ron Weiser (Ann Arbor), Katherine E. White (Ann Arbor), Santa J. Ono (*ex officio*)

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