The Prudent Prescriber

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Sir William Osler on new drugs: "Use them while they are still safe."

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Pharm Reps ≠ Rational Prescribing

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Aspirin: An Old Drug: What's New?

Hippocrates, the Cherokee Indians and the ancient Assyrians all knew about the analgesic and antipyretic effects of willow bark. The French, Italians and Germans have argued for their roles in the synthesis of aspirin *"a" (acetyl group)–"spir" (plant genus spirea)–"in" (common ending for drug names)*. The recent JAMA review article sparked a focused revisit of aspirin.

How Much ASA?

- For secondary CV prevention:
  - Campbell et al. in JAMA (May 9, 2007) did a careful literature review and found eight randomized controlled studies and three observational peer reviewed studies.
  - For secondary CV prevention, the available data support not taking more than 75 to 81mg of aspirin per day. Higher doses do not better prevent events, and are associated with increased risks of gastrointestinal bleeding.
- For primary CV prevention:
  - The USPSTF (2002) recommendation is that clinicians discuss aspirin chemoprevention with adults who are at increased risk for coronary heart disease. Again, the suggested dose is 75mg/day.
  - The discussion should take into account individual preferences and risk aversion concerning MI, stroke and GI bleeding. I've found the following table useful in counseling patients about the risk/benefit ratio.

Estimates of benefits and harms of aspirin therapy given for 5 years to 1000 individuals with various levels of baseline risk for coronary heart disease

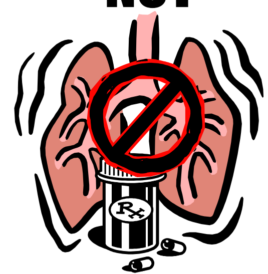
Benefits and Harms	Baseline Risk for Coronary Disease Over 5 Years		
	1%	3%	5%
Total mortality	No effect	No effect	No effect
Coronary heart disease events	1-4 avoided	4-12 avoided	6-20 avoided
Hemorrhagic strokes	0-2 caused	0-2 caused	0-2 caused
Major gastrointestinal bleeds	2-4 caused	2-4 caused	2-4 caused

CHF? Think:
Ace
Aldactone
B-blocker
Dig
Diuretic

Avoid these expensive "me-too" drugs:

Veramyst
Cardura XL
Ultram ER
Ambien CR
Paxil CR
Xopenex
Coreg CR

Antibiotics do NOT help acute bronchitis



ß-blockers in post-MI save lives

Pill splitters save big

Treat diabetics BP to 130/80

now available on the Generic Marquee

Norvasc→amlodipine
Ambien→zolpidem
Zoloft→sertraline
Flonase→fluticasone nasal
Pravachol→pravastatin
Zocor→simvastatin

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Women and Aspirin

- In the Nurses Health Study:
    - A case controlled study of more than 79,000 healthy women followed over 24 years, there was a 25% reduction in overall deaths, and a 38% reduction in CV deaths among current aspirin users compared with women who never used aspirin regularly.
    - The reduced mortality was associated with low to moderate doses (less than fourteen 325mg tabs/week).
    - The reduced CV mortality was apparent within 5 years.

Cancer and Aspirin

- Doctors Trial (500mg ASA vs. no ASA), 5139 British male doctors and UK-TIA Trial (3 arms: 1200mg ASA/day, 300mg ASA/day and placebo) 2449 patients with recent TIA or minimal stroke.
    - In pooled analysis of both trials, daily ASA use was associated with a statistically significant reduction of 26% of colorectal cancer (2.5% in ASA group and 3.4% in the control patients).
    - For those patients who took ASA at least 5 years, the reduction in the incidence of colorectal cancer was 37%, but this was only seen after a latency of 10 years.

ASA and Warfarin – When?

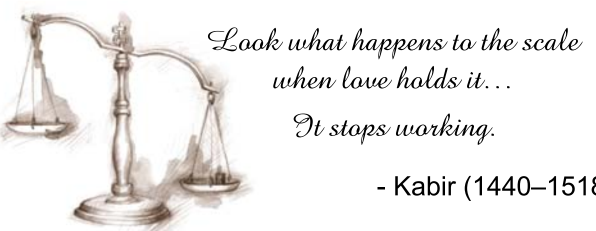
- Dentali et al. (Arch Int Med 2007; 167:117-124) did a meta-analysis of randomized trials comparing outcomes of patients on aspirin–warfarin and warfarin alone in those at risk for cardiovascular disease.
    - Major bleeding more likely to occur when the combination was used (NNH=100)
    - Mortality due to any cause was not reduced by addition of aspirin.
    - In patients with mechanical heart valves, the addition of ASA decreased the risk of thromboembolism (odds ratio 0.27) but also increased the risk of bleeding.
    - In patients with heart disease or atrial fibrillation, the addition of aspirin did not decrease the risk for thromboembolism, but also did not increase the risk of major bleeding.

Stopping Low Dose Aspirin: What's the Risk?

- Maulay (Arch Neurol 2005; 62:1217-20) in a case controlled study compared 309 subjects with a stroke or TIA more than 6 months before the study with 309 patients with recent ischemic stroke or TIA, all of whom were taking aspirin.
    - The investigators compared the frequency of stopping ASA during the four weeks before a cerebral ischemic event and four weeks before the interview with control subjects.
    - After adjusting for other risk factors, stopping ASA conferred an odds ratio for CVA or TIA of 3.4. The majority (77%) of strokes related to discontinuing aspirin occurred in the first eight days after ASA was stopped.
    - Continuing ASA during the peri-operative period appears to be indicated for surgical procedures with the exception of intracranial surgery and prostatectomy.

What about Enteric Coated (EC) Aspirin?

- Several studies suggest that EC aspirin doesn't inhibit platelet aggregations as well as plain ASA. Perhaps EC aspirin may not be absorbed as well as plain ASA in some patients.
- Studies have only looked at platelet function, not long term outcomes.
- Enteric coating may reduce gastric upset, but not the risk for major GI bleeds.



Look what happens to the scale
when love holds it…
It stops working.

- Kabir (1440–1518)

☆ **ONE LINER:** Fosamax will go generic in January–February 2008.

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