WMJ: Aspirin use underutilized for primary prevention of cardiovascular disease

MARSHFIELD—Aspirin use is on the rise with at least 41 percent of all U.S. adults older than 40 regularly taking it for primary prevention of cardiovascular disease (CVD). However, regular aspirin use by adults living in central Wisconsin who don’t have CVD is generally underutilized, according to a study published in the October issue of WMJ.

“Aspirin is routinely recommended and well utilized in Wisconsin’s secondary prevention population with active CVD, but pharmacoepidemiologic research on aspirin use in primary CVD prevention populations is less common,” the authors wrote. Aspirin therapy as a primary preventive measure for CVD remains controversial, but meta-analytic evidence suggests it lowers CVD risk by nearly 15 percent over seven years, the authors noted.

Employing Marshfield Clinic’s electronic health records (EHR) between Jan. 1, 2010 to Dec. 31, 2012, patients were screened against four eligibility criteria: those living in one of the 13 communities surrounding the primary service area of Marshfield Clinic; at least one ambulatory encounter with a Marshfield Clinic medical provider during the specified timeframe; no personal history of ischemic vascular disease; and clinically indicated for aspirin use (for primary CVD prevention) per applicable U.S. guidelines. This was the first EHR-based examination of regional aspirin use, with 6,678 individuals eligible for the study analyses. From that sample, the researchers found that only 35 percent took aspirin every day or every other day; aspirin was therefore generally underutilized in the area.

The study cited several factors to this outcome. Patients who were younger, female, smokers, didn’t have health insurance and didn’t have regular clinic visits, were not obese or did not have diabetes were the least likely to take aspirin. Those adults who were older, male, nonsmokers, commercially insured, had regular clinic visits, a higher body mass index (BMI) and diabetes were significantly more likely to take aspirin. In fact, people in the study with diabetes were 2.4 times more likely to follow an aspirin regimen than those without diabetes. There were also localized disparities in aspirin use. Aspirin use by patients living in Dorchester—more than 26 miles north of Marshfield—was 29 percent, compared to 45 percent of those living in Unity, which is about 15 miles north of Marshfield.
“As EHRs become ubiquitous, primary CVD prevention surveillance methods outlined here could be further refined and adopted by other large health care systems, including those with geographically extensive service areas commonly found in Wisconsin and in the rural Midwest,” the authors wrote.

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