Statement of the Preventive Cardiovascular Nurses Association

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ASA and Primary Prevention of Myocardial Infarction
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The Preventive Cardiovascular Nurses Association (PCNA) is pleased to have the opportunity to address this Advisory Committee on the use of aspirin for the primary prevention of acute myocardial infarction. Heart disease and stroke affect over 61 million Americans and cost more than 350 billion dollars annually. [1] In order to change the tide of this epidemic, we must develop and implement safe, efficacious and cost effective primary interventions.

The mission of the PCNA is to improve the health of all Americans through the reduction of cardiovascular disease risk factors. Our organization achieves this mission through professional and public education, dissemination of national guidelines and public awareness campaigns. We fully support the American Heart Association's (AHA) 2002 "Guidelines for Primary Prevention of Cardiovascular Disease and Stroke: 2002 Update". [2] A key feature of this guideline is the identification of persons who are at a substantial risk for a primary cardiovascular event in the next 10 years. This was defined as a risk of $\geq$ 10% based on age, gender, and the presence of multiple coronary risk factors. The recommendations for this group include the use of low dose aspirin.

Eidelman and colleagues recently published a meta-analysis of 5 large randomized trials of aspirin in the primary prevention of cardiovascular disease (CVD). 55,580 men and women (11,466 women) were included in this analysis. Aspirin users were found to have a 32% reduction in primary non-fatal MI. Their recommendations are in accordance with those of the AHA. [3] We feel that there is much additional strong evidence to continue to support the recommendations of the AHA. [4, 5]

In summary, we support the use of low dose aspirin in the primary prevention of persons at high risk of acute myocardial infarction. This is, of course, with full recognition that there are persons at high CVD risk in whom aspirin (even low dose) may be associated with gastrointestinal bleeding or hemorrhagic stroke. We feel that the net benefit in the group described above has been clearly demonstrated. The challenge that we face as health care professionals is the dissemination of this information to the public and to our colleagues in a way that they fully understand the risks and benefits of this therapy. We are prepared to be an active partner in educating nurses and other healthcare providers about the measurement of "global risk" and the potential benefit of aspirin in high risk persons. In addition, we will seek ways to educate the public about aspirin and to encourage those at risk to seek the advice of their health care provider regarding aspirin use.

References:

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