

# Benefits and Risks for Patients Taking Aspirin

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## What is aspirin?

**Aspirin** (also called acetylsalicylic acid) is a medication that is available without a prescription and used by millions of people for many reasons.

## How does aspirin work?

- Aspirin reduces the amount of **prostaglandin** (a body chemical) that your body makes. Prostaglandin can cause **inflammation** (swelling, pain, redness), so taking aspirin can reduce inflammation.
- Aspirin can also prevent the platelets in your blood from clumping together (called **aggregation**). Because of this, aspirin is sometimes used to treat or prevent **cardiovascular** (heart and blood vessel) diseases (it can be used as a “blood thinner”).
- Aspirin may be combined with other drugs (for example, aspirin is in some medications for treating migraines), but it is often taken as an individual drug.
- Aspirin is available in different forms (coated or not, buffered or not, etc.) and doses (often 81 mg or 325 mg in the United States).

## What are the benefits of taking aspirin?

There is clear, strong evidence that aspirin is helpful for people who have had:

- A heart attack
- Coronary artery disease
- A history of coronary artery or other vascular stent placement
- Coronary artery bypass graft surgery (CABG)
- A history of stroke or transient ischemic attack (TIA)

- A history of peripheral arterial disease

Taking aspirin if you have a history of cardiovascular disease is called **secondary prevention**, and millions of patients take aspirin appropriately for this reason, unless they have other reasons not to take aspirin.

Aspirin is sometimes used by people without a history of any of the above conditions to prevent cardiovascular/heart disease. Aspirin may be good for **primary prevention** or preventing cardiovascular problems from ever happening for some high-risk patients. You should talk with your provider about all your decisions around taking aspirin.

### **What are the risks of taking aspirin?**

Aspirin can increase the risk of bleeding (particularly in the intestinal tract or stomach). This bleeding risk from aspirin can be serious or even life-threatening. An individual's risk of bleeding increases with:

- Age
- A history of gastrointestinal problems (like peptic ulcer disease)
- Liver disease
- Using other medications that can increase the risk of bleeding

It is important to talk with a provider to see if your benefits from taking aspirin outweigh your bleeding risk.

### **When should I talk to my health care provider?**

- If your provider told you to take aspirin because of your history of coronary artery disease, heart attack, stroke, a vascular or coronary stent, or coronary artery bypass grafting, you should keep taking aspirin. If you have questions about your aspirin use, talk to your doctor.
- You should talk with your doctor about whether aspirin use is recommended if you are currently taking aspirin and:

- You do not have a history of one of the above conditions
- You are over 75 years of age
- You are at increased risk of bleeding
- If you are currently taking aspirin and you are between 40 and 75 years of age, you are at low bleeding risk, and you are at high risk for cardiovascular disease, it might be appropriate to continue taking aspirin. You should talk with your doctor to help you decide if this is the right choice for you.
- Overall, there are many possible reasons for taking aspirin, and it is very important to talk with a doctor to see if aspirin is right for you.

### **What else can I do to reduce my risk of cardiovascular disease?**

Aspirin is just one thing that can help with cardiovascular health. Some other things that can help with your cardiovascular health include:

- Eating a healthy diet
- Staying at a healthy weight
- Exercising
- Not smoking
- Managing your blood pressure
- Managing your cholesterol

### **What questions should I ask my provider about aspirin use?**

Here are some questions you can ask your health care provider to decide if taking aspirin is right for you:

- Do I have a good reason to take a daily aspirin (like a history of cardiovascular disease)?
- Do I have risk factors for bleeding?
- Considering my age and health history, should I keep taking low dose aspirin?

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