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NEWS BRIEFS from the Aspirin Foundation

The public health potential of aspirin in Wales

What difference could prophylactic aspirin make to the population of Wales? What is the most cost effective age to begin prophylaxis against vascular disease - or even against dementia and cancer? Some predictions presented at a conference organised by the Welsh Aspirin Group in Cardiff on May 6th challenged policy on aspirin prophylaxis, suggesting the evidence goes further than current recommendations allow.

There is consistent observational evidence that aspirin consumption is associated with reductions in the risks of certain cancers, vascular dementia and Alzheimer's disease. The evidence that aspirin reduces cancer risk was described by Dr Gareth Morgan, Public Health Practitioner with the National Public Health Service for Wales, as 'probably as convincing as observational evidence can ever be'. Evidence from randomised controlled trials should now be sought, he said, but public health officials need to consider how to implement the available evidence now.

Professor Peter Elwood, Department of Epidemiology, University of Wales School of Medicine, said that aspirin is still widely under-prescribed. He

pointed out that aspirin prophylaxis is recommended for all people with diabetes who are over 40 years old, but a survey of GPs in Wales had shown that low-dose aspirin had been prescribed for only 40 percent. The UK is lagging behind other countries in implementing other recommendations for prophylactic aspirin, he added: these included early use by paramedics attending patients with severe chest pain prior to hospital admission, and immediate use by people with heart disease who experience sudden severe chest pain.

Professor Elwood said that, as the population ages, more people reach the levels of risk at which the benefits of aspirin prophylaxis outweigh any disadvantages. Furthermore, the risk varies among different populations. He noted that there are few data from which to estimate coronary risk in the Welsh population but, extrapolating from his own wide-ranging Caerphilly Cohort Study, he estimated that Caerphilly men reach the 3% threshold 5-year vascular risk at the age of 50 - about 10 years earlier than the Framingham Heart Study Risk Assessment Tool predicts.

Dr Ceri Phillips, Health Economist at the University of Wales, presented a cost effectiveness analysis of prophylactic aspirin. His model

assumed that the management of a heart attack or stroke costs approximately £800; treating one bleeding episode associated with aspirin costs £300; and that bleeding episodes occur in 3 per 1000 patients treated. Increasing aspirin use from 55 to 75 percent is cost effective for people over 50 when their 5-year coronary risk is 3 percent, and aspirin is actually cost-saving when the 5-year risk is 5 percent. The analysis is sensitive to the cost of aspirin (such as using more expensive formulations), and the risk and cost of adverse effects, Dr Phillips noted.

The recommended age for aspirin prophylaxis could be lowered further, Professor Elwood said, if the potential benefits of risk reductions in dementias and cancers were taken into account. Dr Tony Bayer, Clinical Geriatrician in Llandough Hospital, acknowledged that aspirin reduces stroke risk but he said evidence that it may reduce the risk of dementia is less clear. Although aspirin and other NSAIDs reduce the deposition of abnormal material in the brain, it has yet to be shown they reduce the risk of Alzheimer's disease.

The mechanisms underlying the beneficial effects of aspirin were reviewed by Professor Philip Routledge, Professor of Clinical Pharmacology and Therapeutics at the University of Wales College of Medicine. He identified three mechanisms: the reduction of inflammatory mediators that are associated more frequently with some cancers; slowing the formation of new blood vessels on which tumours depend; and promoting apoptosis by cancer cells.

Dr Morgan suggested that fruits and vegetables contain natural aspirin-like substances that protect against cancer; a diet deficient in these compounds could increase the risk of cancer and replacing them with aspirin may restore protection. Aspirin-like substances could become essential components of the diet, he said.

Professor Elwood argued that a new strategy for using aspirin is needed. Just as flu vaccine is essential for patients in high risk groups (such as people with asthma or heart failure) and recommended for the over-65s, aspirin prophylaxis should be essential for high-risk patients and considered for everyone over 50 years old. People should be given information about the risks and benefits, he said, and encouraged to make an informed choice.

Jane Hutt, Minister for Health in Wales, said the public will be more actively involved in making such decisions in the future. Illness prevention is becoming increasingly important, she noted, emphasising that individuals are now expected to take more responsibility for their health.

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