



Issue One
China Addendum 2017

Aspirin Disease Prevention and Current Research Summaries

The purpose of this report is to provide a relatively concise and current overview of activity, which reflects the depth of expertise and knowledge of the members of the Scientific Advisory Board, from both geographical and scientific areas. This shared information enables the International Aspirin Foundation to provide educational material for medical professionals. It is not meant to be an exhaustive amount of information, rather what the experts regard as the most relevant and topical activity to comment upon.

The topics the Scientific Advisory Board considered in their summaries are:

- Primary disease prevention using aspirin
- Secondary disease prevention using aspirin
- Other new trials or recently published science of interest about aspirin
- New or existing research on aspirin in their geographical locality
- Relevant conferences or meetings in their geographical locality or scientific area concerning aspirin
- References of interest for further information



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Aspirin ASCVD prevention in China

Update Chinese guideline on ASCVD primary and secondary prevention

Cardiovascular disease has become the leading cause of death in China with the development of China's economy and improvement of living standard and lifestyle changes, the incidence of cardiovascular disease as well as CVD risk factors continues to increase¹. The newly released "Outline of Healthy Chinese 2030" advocated management strategy for chronic disease including cardiovascular disease changed from treatment into prevention. To achieve the early arrival of cardiovascular disease inflection point, the most effective prevention strategy is primary prevention.

Aspirin has been widely used in cardiovascular and cerebrovascular disease which plays an indispensable role in cardiovascular disease primary and secondary prevention with a most cost-effectiveness value. However the awareness of primary prevention needs to be improved. Actual usage rate of aspirin in clinical practice was 14.09% in primary prevention population, and 26.61% in secondary prevention population². To standardize cardiovascular disease prevention and management, improve the awareness of primary prevention, Chinese society of cardiology updated guideline on ASCVD disease prevention which will be published in second quarter of 2017.

Chinese guidelines recommended whether patients without cardiovascular disease should take aspirin should refer to patients' baseline CVD risk, those with a 10-years CVD risk > 10% should consider taking aspirin for primary prevention under doctor's recommendation. According to the epidemiology of cardiovascular risk factors in Chinese, Chinese guideline developed a new stratified ASCVD risk assessment process considering hypertension was the most decisive parameter. For patients younger than 55 years old with a moderate CVD risk, assessment of ASCVD lifetime risk was recommended to facilitate the early identification of individuals with high risk of ASCVD during the rest of their lives, and gave actively intervene at the early stage.

For patients with cardiovascular disease, Guideline³ recommended that once patients was diagnosed as cardiovascular disease low dose of aspirin should be the routine of clinical treatment among those without contraindications.

Published 2016 Chinese expert consensus on Aspirin use in patients with ASCVD

For standardized use of aspirin in primary prevention, Chinese consensus led by geriatrics branch of Chinese Medical Association defined 6 target groups for aspirin ASCVD primary prevention⁴: 1) those 10 years ASCVD risk higher than 10%, 2) Hyperlipidemia patients, TC \geq 7.2mmol/l or LDL-C \geq 4.9mmol/l, aged \geq 55years old, 3) diabetes patients aged \geq 50years old, with at least one major risk factor (family history of premature CVD, hypertension, smoking, Dyslipidemia or albuminuria), 4) hypertension patients with any 2 conditions below: male \geq 45years old or female \geq 55years old, smoking, low HDL-C < 1.04mmol/l, 5) CKD patients with eGFR 30-45ml.min⁻¹.1.73m⁻², 6) those who do not meet above conditions but have any 4 items below: male \geq 45years old or female \geq 55years old, smoking, family history of premature CVD, BMI \geq 28Kg/m², Dyslipidemia.



Publication: Aspirin 100 Q&A for clinical doctors

Standardized use of aspirin is a prerequisite for clinical benefit. For better understanding the preventive role of aspirin in ASCVD and appropriate use in clinical practice, Aspirin 100 Q&A for clinical doctors was published⁵. The brochure included common questions doctors were interested in, contents including basic pharmacological knowledge of aspirin, effect on primary and secondary prevention of cardiovascular disease, aspirin adverse effect and how to overcome, drug interactions, and matters needing attention in clinical use.

New research on antiplatelet therapy in Chinese

In a randomized trials conducted at 114 centers in China, clopidogrel with aspirin in acute minor stroke or transient ischemic attack concluded the combination of clopidogrel and aspirin is superior to aspirin alone for reducing the risk of stroke in the first 90 days and does not increase the risk of hemorrhage. Among 2933 patients who underwent CYP2C19 analysis, 58.8% patients were carriers of loss of function alleles which was higher than western countries. And compare to aspirin alone, clopidogrel plus aspirin did not reduce the risk of new stroke in the subgroup of patients who were the carriers of CYP2C19 loss of function alleles⁶.

References

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