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Daily Aspirin

Why the advice changed for people who have never had a heart attack or stroke, and why it hasn't changed for people who have.

60 and over
no longer routinely started on aspirin to prevent a first event (2022 advice)

81 mg
the dose almost always used now, the so-called baby aspirin

About 1 week
for your blood to return to its normal stickiness after you stop

WHICH GROUP ARE YOU IN?

Two kinds of heart protection

Primary prevention — BEFORE A FIRST EVENT

You have never had

- a heart attack or a stroke
- a stent or bypass surgery
- known blockages in your arteries

The benefit is small and the bleeding risk is real. Ask your doctor whether you still need it.

Secondary prevention — AFTER A HEART EVENT

You have had

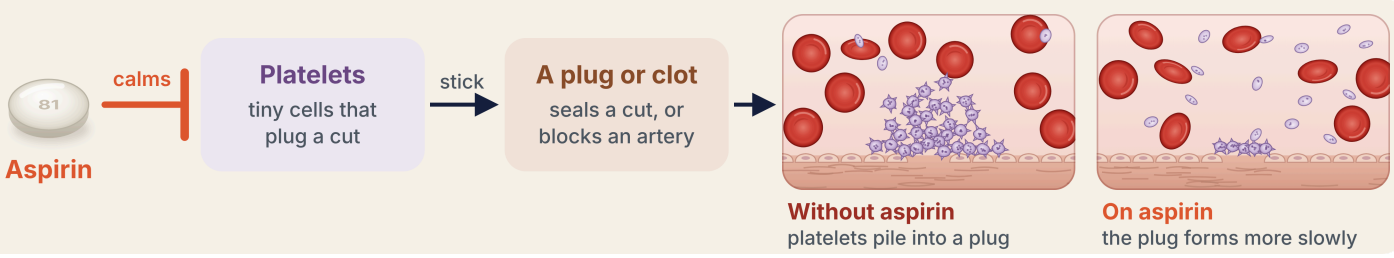
- a heart attack, a stent or bypass surgery
- a stroke or TIA (mini-stroke) from a blocked artery
- leg artery disease, or a neck artery blockage

Aspirin still works for you. Keep taking it unless your doctor specifically tells you otherwise.

In 2018, three large studies of people without heart disease found little clear heart benefit and real bleeding risk. After a heart event, the risk of another one is high enough that aspirin is clearly worth it.

HOW IT WORKS

Aspirin makes platelets less sticky



When platelets clump inside a heart artery already narrowed by cholesterol buildup, they can seal it off, which is how most heart attacks happen. Aspirin calms platelets for the week or so each one lives. The same effect makes any bleeding harder to stop, from a scrape to a stomach ulcer to a burst blood vessel in the brain.

Don't stop on your own

If you've had a heart attack, a stent, bypass, a stroke from a blocked artery or blocked leg arteries, aspirin is still protecting you. People who walk away from it after a stent or heart attack do worse. Talk with your doctor before any change.

SORTING OUT YOUR OWN CASE

Stop, stay or talk it over

PROBABLY STOP, AFTER TALKING WITH YOUR DOCTOR

never had a heart event

Over 60, out of habit	The textbook case where the new guidance says stop. Talk to your doctor first, but don't be surprised when they agree.
Age 40 to 59	If your blood pressure and cholesterol are reasonably controlled and you have no strong family history or other big risk factors, the default answer is no. Your doctor may want to look at your numbers first.
Higher bleeding risk	Past stomach ulcers, recent serious bleeding, frequent falls or bruising easily make the case for stopping stronger.

THE GRAY AREAS, DECIDED TOGETHER

never had a heart event

A high calcium score	A coronary calcium scan is a low-dose CT of the heart arteries. A score above 100 means meaningful plaque, and above 300 means a lot. For some people that lowers the bar for aspirin.
Strong family history	Early heart attacks in a parent or sibling, plus your own borderline cholesterol or blood pressure, can make aspirin in your fifties sensible.
High lipoprotein(a)	An inherited cholesterol particle that tends to bring on heart attacks earlier. Knowing your level can change the calculation.

STOPPING AND DOSING

How to stop	If you and your doctor decide to stop, there's no taper. Without a past heart event, your risk goes back to where it would have been if you'd never started, with no rebound above that.
The 81 mg dose	There's almost no reason to take 325 mg daily for prevention. If you're on the higher dose, ask your doctor about dropping down.
Before surgery	Tell your surgeon and your cardiologist about each other and let them coordinate. If you take aspirin because of a stent, stopping it without their input can be dangerous.

WHILE YOU TAKE ASPIRIN, GET HELP QUICKLY

Call 911	Vomiting blood or something like coffee grounds, black or tarry stools with dizziness, fainting or a racing heart, heavy bleeding that won't stop with pressure, a sudden severe headache, sudden weakness or numbness on one side, slurred speech, or a fall with a head injury.
Call the same day	Black stools without those symptoms, blood in the urine, gum or nose bleeding that won't stop, a new bruise the size of your hand without a clear reason, or stomach pain since starting aspirin that isn't going away.

DID YEARS OF ASPIRIN HURT ME?

Almost certainly not. The bleeding risk is real but small in absolute terms, and most people who take it for years are fine. The reason to stop now is that, without a past heart event, future use isn't earning its keep.

READ THE FULL ARTICLE

damianrasch.com/
aspirin-primary-prevention-2026

For education only, and not a substitute for advice from your own physician. Sources include the 2022 USPSTF aspirin recommendation, the 2019 ACC/AHA primary prevention guideline, the ARRIVE, ASCEND and ASPREE trials (2018) and the Antithrombotic Trialists' Collaboration (Lancet 2009).

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