**EPIDEMIOLOGY OF LOW-DOSE ASPIRIN USE FOR PRIMARY AND SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE**

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*Background and Objectives*: Cardiovascular disease (CVD) is the leading cause of death in the United States. Aspirin therapy has been shown to be an effective prevention measure to reduce the risk of new or recurring cardiovascular events. The aim of this study was to provide an epidemiological analysis of the use of low-dose aspirin for primary and secondary CVD prevention from 2012–2014.

*Methods*: Estimates of self-reported low-dose aspirin use for primary and secondary CVD prevention were obtained from the National Health Interview Survey for the years 2012–2014. Demographics and health characteristics data were used to analyze intergroup differences for the combined time period, as well as intragroup differences from year to year.

*Results*: Among adults 40+ years during 2012–2014, 18.7% self-reported as taking aspirin for primary CVD prevention and 8.9% self-reported as taking aspirin for secondary CVD prevention. Adults taking aspirin for secondary CVD prevention were significantly older on average than those taking it for primary prevention (68.5 ± 11.1 vs 65.8 ± 11.2 years; p<0.0001), and consisted of a higher proportion of males (54.7% vs 44.9%; p<0.0001). The proportion of adults taking aspirin for primary CVD prevention significantly increased from 18.3% in 2012 to 19.4% in 2014 (p=0.003). The proportion of adults taking aspirin for secondary CVD prevention decreased from 9.1% in 2012 to 8.6% in 2014, though this was not statistically significant (p=0.148).

*Conclusions*: This study shows that over 25% of the adult population self-reports as taking low-dose aspirin for primary or secondary CVD prevention, with primary CVD prevention patients outnumbering secondary CVD prevention patients at a ratio of more than 2:1. Aspirin use for primary CVD prevention increased throughout the study period along with a concomitant decrease in aspirin use for secondary CVD prevention.