TITLE:  Acetylsalicylic Acid Administration Following Acute Myocardial Infarction: Guidelines

DATE:  13 May 2010

RESEARCH QUESTION:
What are the guidelines for the administration of acetylsalicylic acid following acute myocardial infarction?

METHODS:
A limited literature search was conducted on key health technology assessment resources, including PubMed, the Cochrane Library (Issue 5, 2010), University of York Centre for Reviews and Dissemination (CRD) databases, ECRI (Health Devices Gold), EuroScan, international health technology agencies, and a focused Internet search. The search was limited to English language articles published between January 1, 2005 and May 3, 2010. Filters were applied to limit the retrieval to health technology assessments, systematic reviews, meta-analyses, and guidelines. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS:
HTIS reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by evidence-based guidelines.

One systematic review and eight publications representing seven evidence-based guidelines were identified regarding the administration of acetylsalicylic acid following acute myocardial infarction (MI). No health technology assessments were identified. Additional references of potential interest can be found in the appendix.

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OVERALL SUMMARY OF FINDINGS:

The systematic review found that aspirin dosages higher than 75 mg/day to 81 mg/day were associated with increased risk of adverse events such as gastrointestinal bleeding and were not associated with greater efficacy than dosages of 75 mg/day to 81 mg/day.

All identified guidelines recommend the administration of aspirin immediately after an acute coronary syndrome (including MI), followed by daily aspirin indefinitely. Two guidelines specify a dosage of 160 mg to 325 mg be given immediately after the event, while one guideline recommends 300 mg. For indefinite daily aspirin therapy, most guidelines specify low dosages be used, with “low dose” being defined as 75 mg/day to 100 mg/day, 75 mg/day to 150 mg/day, or 75 mg/day to 162 mg/day.
REFERENCES SUMMARIZED:

Health technology assessments
No literature identified.

Systematic reviews and meta-analyses


Guidelines and recommendations


   Note: See page 41: Angina and myocardial Infarction: long-term therapy.


   Note: See section Antiplatelet/Antithrombotic Therapy: Aspirin

Note: See section 3.2.1: Antiplatelet Therapy Recommendations and section 3.2.4.1: Aspirin.
Summary available:

Note: see section 1.3.3, page 16: Antiplatelet Therapy.

http://www.sign.ac.uk/pdf/sign93.pdf
Note: See section 7.1, page 21: Antiplatelet Therapy.

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APPENDIX – FURTHER INFORMATION:

Review articles


Guidelines


  *Note: See section 6.3.1.6.8.2.1: Antiplatelets, Aspirin. Focused updates of this guideline took place in 2007 and 2009; however, no changes were made to section 6.3.1.6.8.2.1.*
