

Uloga acetilsalicilatne kiseline u primarnoj prevenciji kardiovaskularnih bolesti

The role of aspirin in primary prevention of cardiovascular diseases

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Osvrt na korisne i štetne učinke acetilsalicilatne kiseline (ASK) u primarnoj prevenciji kardiovaskularnih bolesti (ishemijske bolesti srca, tromboembolijskih komplikacija fibrilacije atrijske, plućna embolija...) u svjetlu starih i novih dokaza.¹⁻³ Desetljećima se smatralo da ASK može spriječiti infarkt miokarda i moždani udar. I sve do nedavno, unatoč neuvjerljivim dokazima, primarna prevencija primjenom ASK smatrala se razboritom strategijom liječenja. Meta-analize na ovu temu čak su ukazivale da bi moglo biti dobrobiti u smislu redukcije opće smrtnosti i smanjenja rizika za rak debelog crijeva. Ove godine objavljeni su rezultati tri velika prospektivna istraživanja o ulozi ASK u primarnoj prevenciji kardiovaskularnih bolesti kod rizičnih bolesnika (ASPREE, ASCEND i ARRIVE) u kojima ne samo da nije dokazana korist lijeka u odnosu na placebo, nego su i prikazane znatne negativne posljedice (npr. gastrointestinalno krvarenje), pa čak i paradokсни porast mortaliteta. Također, unatoč uvjerljivim dokazima, još uvijek je prisutna nezanemariva upotreba ASK u prevenciji tromboembolijskih komplikacija fibrilacije atrijske. Mogući razlozi za to su višestruki.

An overview of the risks and benefits of aspirin therapy in primary prevention of cardiovascular diseases (ischemic heart disease, thromboembolic complications of atrial fibrillation, pulmonary embolism...) in the light of old and new evidence.¹⁻³ For decades it has been considered that aspirin can prevent myocardial infarction and stroke. And until recently, despite the unconvincing evidence, primary prevention through aspirin was thought to be a sensible treatment strategy. Meta-analyses on this topic have even indicated that it might be beneficial in terms of reducing overall mortality and reducing the risk of colon cancer. This year, three major prospective studies on the role of aspirin in primary prevention of cardiovascular disease in patients at risk (ASPREE, ASCEND and ARRIVE) have been published, with not only no evidence of benefit compared with placebo but also significant negative consequences (gastrointestinal bleeding) and even a paradoxical increase in mortality. Also, despite convincing evidence, there is still an unusually prevalent use of aspirin in the prevention of thromboembolic complications of atrial fibrillation. Possible reasons for this are multiple.

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LITERATURE

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