Aspirin and Your Heart

Aspirin is a medicine that prevents the platelets in your blood from sticking together. Platelets are the cells that your blood uses for clotting. Aspirin can be used to help reduce the risk of blood clots, heart attacks, and other heart-related problems.

What are the risks?

Daily use of aspirin can cause side effects. Some of these include:

- Bleeding. Bleeding can be minor or serious. An example of minor bleeding is bleeding from a cut, and the bleeding does not stop. An example of more serious bleeding is stomach bleeding or, rarely, bleeding into the brain. Your risk of bleeding increases if you are also taking NSAIDs, such as ibuprofen.
- Increased bruising.
- Upset stomach.
- An allergic reaction. People who have growths inside the nose (*nasal polyps*) have an increased risk of developing an aspirin allergy.

How to use aspirin to care for your heart

- Take aspirin only as told by your health care provider. Make sure that you understand how much to take and what form to take. The two forms of aspirin are:
 - Non-enteric-coated. This type of aspirin does not have a coating and is absorbed quickly. This type of aspirin also comes in a chewable form.



- Enteric-coated. This type of aspirin has a coating that releases the medicine very slowly. Enteric-coated aspirin might cause less stomach upset than non-enteric-coated aspirin. This type of aspirin should not be chewed or crushed.
- Work with your health care provider to find out whether it is safe and beneficial for you to take aspirin daily. Taking aspirin daily may be helpful if:
 - You have had a heart attack or chest pain, or you are at risk for a heart attack.
 - You have a condition in which certain heart vessels are blocked (*coronary artery disease*), and you have had a procedure to treat it. Examples are:
 - Open-heart surgery, such as coronary artery bypass surgery (CABG).
 - Coronary angioplasty, which is done to widen a blood vessel of your heart.
 - Having a small mesh tube, or stent, placed in your coronary artery.
 - You have had certain types of stroke or a mini-stroke known as a transient ischemic attack (TIA).
 - You have a narrowing of the arteries that supply the limbs (*peripheral vascular disease*, or PVD).
 - You have long-term (*chronic*) heart rhythm problems, such as atrial fibrillation, and your health care provider thinks aspirin may help.
 - You have valve disease, have had a heart valve replacement, or have had surgery on a valve.
 - You are considered at increased risk of developing coronary artery disease or PVD.

Follow these instructions at home

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you are taking blood thinners:
 - Talk with your health care provider before you take any medicines that contain aspirin or NSAIDs, such as ibuprofen. These medicines increase your risk for dangerous bleeding.
 - Take your medicine exactly as told, at the same time every day.
 - Avoid activities that could cause injury or bruising, and follow instructions about how to prevent falls.
 - Wear a medical alert bracelet or carry a card that lists what medicines you take.

General instructions

- **Do not** drink alcohol if:
 - Your health care provider tells you not to drink.
 - You are pregnant, may be pregnant, or are planning to become pregnant.
- If you drink alcohol:
 - Limit how much you have to:
 - 0–1 drink a day for women.
 - 0–2 drinks a day for men.
 - Know how much alcohol is in your drink. In the U.S., one drink equals one 12 oz bottle of beer (355 mL), one 5 oz glass of wine (148 mL), or one 1½ oz glass of hard liquor (44 mL).
- Keep all follow-up visits. This is important.

Where to find more information

- The American Heart Association: www.heart.org
- The Centers for Disease Control and Prevention: <u>www.cdc.gov</u>

Contact a health care provider if:

- You have unusual bleeding or bruising.
- You have stomach pain or you feel nauseous.
- You have ringing in your ears.
- You have an allergic reaction that causes hives, itchy skin, or swelling of the lips, tongue, or face.

Get help right away if:

- Your bowel movements are bloody, dark red, or black.
- You vomit or cough up blood.
- You have blood in your urine.
- You have a cough, make high-pitched whistling sounds most often heard when you breathe out (*wheeze*), or feel short of breath.
- You have chest pain, especially if the pain spreads to your arms, back, neck, or jaw.

You have any symptoms of a stroke. **"BE FAST"** is an easy way to remember the main warning signs of a stroke:

- **B Balance**. Signs are dizziness, sudden trouble walking, or loss of balance.
- **E Eyes**. Signs are trouble seeing or a sudden change in vision.
- **F Face**. Signs are sudden weakness or numbness of the face, or the face or eyelid drooping on one side.
- **A Arms**. Signs are weakness or numbness in an arm. This happens suddenly and usually on one side of the body.
- **S Speech**. Signs are sudden trouble speaking, slurred speech, or trouble understanding what people say.
- **T Time**. Time to call emergency services. Write down what time symptoms started.

You have other signs of a stroke, such as:

- A sudden, severe headache with no known cause.
- Confusion.
- Nausea or vomiting.
- Seizure.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- Aspirin use can help reduce the risk of blood clots, heart attacks, and other heart-related problems.
- Daily use of aspirin can cause side effects.
- Take aspirin only as told by your health care provider. Make sure that you understand how much to take and what form to take.
- Your health care provider will help you determine whether it is safe and beneficial for you to take aspirin daily.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 02/19/2022 Document Reviewed: 02/19/2022 Elsevier Patient Education © 2023 Elsevier Inc.