



My Drift

Title: Aspirin

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Date: 21 Aug 2018

Article Number: 295-2018-19

I have taken full-strength (325 mg) Aspirin for aches and pains my whole life. There are many over-the-counter (OTC) pain relievers out there including acetaminophen (Tylenol), ibuprofen (Motrin, Advil) and naproxen (Aleve, Naprosyn). I don't take any of these. Good ole Bayer Aspirin has been and still is my pain reliever of choice.

In 2006, my doctor recommended that I start a low dose (81 mg) Aspirin regimen. He also prescribed a low dose blood pressure and cholesterol medication. He said that he recommends this treatment to his patients who have had a stroke or heart attack or for older patients with a family history of stroke or heart attack. My blood pressure was borderline high, my cholesterol was in the normal range, and my father died from diabetes and multiple strokes. I figured if this Aspirin regimen could keep me alive for a few more years, why not do it?

I have had no serious medical issues since starting the Aspirin regimen. Well, I did break my foot back in 2011 but we can't blame that on Aspirin.

However, recently there have been several news reports and articles saying that in most cases, the risks of taking Aspirin far outnumber the benefits for many people. One report states that unless you have had a stroke or heart attack, you should not start a low dose Aspirin regimen, period. Another article says that if you weigh over 154 pounds, a daily 81 mg Aspirin does no good what-so-ever. The report I just read

says that seniors over 70 who take Aspirin are at greater risk of gastrointestinal and brain bleeding than originally thought.

Thus, the reason for this article. I've always considered Aspirin and beer to be the miracle drugs that have kept me healthy and alive for all these years. I just turned 78 a few weeks ago. I plan to find out the facts about taking Aspirin – the good, the bad, and the ugly.

What is Aspirin?

Aspirin (acetylsalicylic acid) is a pharmaceutical drug used to reduce pain or inflammation. It is classified as a non-steroidal anti-inflammatory drug (NSAID).

Aspirin can be used to treat:

- Mild to moderate pain
- Fever
- Inflammation such as swollen, red and tender body tissues
- Rheumatoid arthritis
- Rheumatic fever
- Prevention of blood clots, heart attacks, and strokes



- Cancer prevention especially colorectal cancers (Bowel and Colon)



- Helps hold off dementia and Alzheimer's disease

Possible adverse effects of taking Aspirin:

- Most common side effect is an upset stomach
- Stomach ulcers and/or gastrointestinal bleeding
- Cerebral (brain) microbleeds
- Bleeding (hemorrhagic) stroke
- Worsening asthma
- Children with infections are at risk of Reye syndrome
- High doses may result in ringing in the ears
- Aspirin overdose can cause poisoning
- Aspirin is known to interact adversely with some other drugs

History

Aspirin found in leaves from the White Willow tree has been used for its health effects for at least 2,400 years. In 1853, chemist Charles Frédéric Gerhardt treated the medicine sodium salicylate with acetyl chloride to produce acetylsalicylic acid for the first time. For the next fifty years, other chemists established the chemical structure and came up with more efficient methods to make it. In 1897, scientists at the Bayer company began studying acetylsalicylic acid as a less-irritating replacement medication for common salicylate medicines. By 1899, Bayer had named it "Aspirin" and sold it around the world. Aspirin's popularity grew over the first half of the twentieth century leading to competition between many brands and formulations. The word Aspirin was Bayer's brand name; however, their rights to the trademark were lost or sold in many countries.



White Willow Tree



Willow Tree Bark



Willow Tree Bark Trimmings

Aspirin is one of the most widely used medications globally, with an estimated 44,000 tons (about a 120 billion pills) consumed each year. It is on the World Health Organization's (WHO's) List of Essential Medicines, the safest and most effective medicines needed in a health system. It is available as an off-the-shelf generic medication.

Here is an excellent CNN article that highlights the history, benefits, and the downsides of Aspirin:

From a tree, a 'miracle' called aspirin
By Elizabeth Landau, CNN



If you take aspirin, you've got a pain reliever, heart attack preventer and possible cancer preventer rolled into one tablet. You might think that whoever invented aspirin is a genius, but the truth is humans have been using its natural equivalent for thousands of years.

"Aspirin is one of those things that, long before there were ever clinical trials or any kind of scientific knowledge, people figured out, 'Hey, I feel better when I take this substance,' " said Dr. Karol Watson, assistant professor of cardiology at the David Geffen School of Medicine at the University of California, Los Angeles.

The drug has been making headlines because a study in the Lancet recently found that a daily aspirin appeared to lower the risk of cancer by at least 20% during a 20-year period. That's based on data from more than 25,000 patients and builds on earlier findings that aspirin may lower the risk of colorectal cancer. The research has limitations and is not definitive proof, but it does add another benefit to an ancient remedy that has been called a miracle drug.

"There are no countries in which Aspirin is unknown, unappreciated, or unavailable," the late medical writer Berton Roueché wrote in 1955, in an article later published in the anthology "The Medical Detectives."

History of aspirin

The word "aspirin" wasn't a coincidence. It comes from Spiraea, a biological genus of shrubs that includes natural sources of the drug's key ingredient: salicylic acid. This acid, resembling what's in modern-day aspirin, can be found in jasmine, beans, peas, clover and certain grasses and trees.

The ancient Egyptians used willow bark as a remedy for aches and pains, said Diarmuid Jeffreys, author of "Aspirin: The Remarkable Story of a Wonder Drug." They didn't know that what was reducing body temperature and inflammation was the salicylic acid. Hippocrates, the Greek physician who lived from about 460 to 377 B.C., wrote that willow leaves and bark relieved pain and fevers.



Hippocrates

It wasn't until thousands of years later that people began to isolate the key ingredients of aspirin. An 18th-century clergyman, Edward Stone, rediscovered aspirin, in effect, when he wrote a report about how a preparation of powdered willow bark seemed to benefit 50 patients with ague and other maladies.

In the 1800s, researchers across Europe explored salicylic acid. French pharmacist Henri Leroux isolated it in 1829 and Hermann Kolbe discovered synthetic salicylic acid in 1874. However, when administered in large doses, some patients experienced nausea and vomiting, and some even went into a coma. A buffer was needed to ease the effects of this acid on the stomach.

The aspirin we know came into being in the late 1890s in the form of acetylsalicylic acid when chemist Felix Hoffmann at Bayer in Germany used it to alleviate his father's rheumatism, a timeline from Bayer says. Beginning in 1899, Bayer distributed a powder with this ingredient to physicians to give to patients. The drug became a hit and, in 1915, it was sold as over-the-counter tablets.

One patient who should not have been taking aspirin was young Alexei Nicholaevich Romanov of Russia, who had hemophilia. Aspirin would make the bleeding in this disorder worse, but the imperial doctors likely gave the boy this new wonder drug without knowing, Jeffreys said. Alexei, son of the last czar, probably improved because the mystic Grigori Rasputin told the boy's mother to stop modern treatments and instead rely on spiritual healing. Rasputin's influence on the Romanov family may have contributed to the uprising against them, making aspirin a possible player in their murder and in the end of czarist Russia.

Aspirin's uses for heart patients came to light in 1948 when California physician Dr. Lawrence Craven recommended an aspirin a day to reduce heart attack risk, based on what he had observed in patients.

The Nobel Prize in medicine in 1982 was awarded to researchers who demonstrated the reason -- it inhibits production of hormones called prostoglandins. Prostoglandins are responsible for the formation of clots that leads to heart attacks and strokes, and aspirin prevents that clotting from happening.

Toward better preventative medicine

Today, aspirin is universally recognized as heart-attack prevention in men who have had prior heart attacks, and it has also shown to have benefits against stroke in women. More than one-third of all adults, and four out of five people with heart disease, use aspirin regularly, according to data from the Centers for Disease Control and Prevention presented in a 2006 study. And the number of regular aspirin users rose 20 percent from 1999 to 2003.

Still, it's not necessarily the go-to for over-the-counter painkillers. In 2007, pain relievers such as Advil, Tylenol and Aleve were among the top five analgesics sold; aspirin did not make the cut. "If you're hurting, you're going to reach for a stronger pain reliever," Watson said. "In most cases, a baby aspirin a day is not going to make you feel any better or worse."

The U.S. Preventive Services Task Force recommends that men 49 to 79 take aspirin to prevent heart attack, and that women 55 to 79 take it to guard against ischemic strokes, when the potential benefits outweigh the potential harms from an increase in gastrointestinal hemorrhage. In other words, aspirin can increase bleeding because of decreased clotting, so if you have bleeding problems, it's not a good idea.

People who need to take aspirin because of prior heart attack can reduce the risk of stomach bleeding by taking a medication that cuts down on stomach acid like omeprazole

(Prilosec), said Dr. Harvey Simon, associate professor of medicine at Harvard Medical School. Still, "we don't like people to take medicine to reduce effects of another medicine," he said.

Aspirin's potential cancer benefits have come on the scene more recently, and there aren't standard guidelines in that regard. The agency discourages taking aspirin to prevent colorectal cancer in people with average risk for that disease. Also, the mechanism isn't entirely understood, although the thought is that aspirin helps the body cut off blood supply to cancer growths, Jeffreys said.

Aspirin is in the family of nonsteroidal anti-inflammatory drugs (NSAIDs), many of which have been implicated in heart risk rather than prevention. Among the NSAIDs, the more potent pain relievers tend to carry more potential for cardiovascular damage, Watson said.

Famously, the drug rofecoxib (Vioxx) was withdrawn from the market in 2004 because of heart concerns. A recent study found that painkillers called opioids heightened heart attack risk in addition to bone fracture when compared with patients taking NSAIDs such as aspirin and ibuprofen. And research published in June found that some NSAIDs may increase risk of cardiovascular death.

Aspirin has a lot of cheerleaders, but it's important to keep the downsides in perspective. Dr. Scott Fishman, chief of pain medicine at the University of California, Davis, points out that as a pain reliever, aspirin's effects are potent but short-lived. The way that aspirin inhibits enzymes in the stomach can lead to ulcers, which can be especially harmful in combination with decreased clotting.

The drug works as a pain reliever because it blocks an enzyme that's required for the process of inflammatory response, he said. Patients should not just take it without consulting their physicians, Fishman said. Certain conditions such as bleeding disorders make taking aspirin dangerous. Some supplements, such as fish oil and garlic, can also cause bleeding problems in combination with aspirin, he said. Aspirin is not approved for children younger than 2 and should be used with caution in very young people because of a possible link to Reye's syndrome.

Still, it's likely that aspirin has even more benefits that just haven't been discovered yet, Jeffreys said. In his view, the drug is taken for granted, and not enough emphasis is placed on it. "If I'm stranded on a desert island, and I can take one drug with me, that's the one I'm taking," Watson said.

Below is the article that says low dose Aspirin is not effective in preventing heart attacks and strokes if you weigh more than 154 pounds:

Weight-Adjusted Aspirin Dosing: Evidence Builds in Primary Prevention

Steve Stiles

August 02, 2018

Low-dose aspirin intended for primary prevention, typically 75 to 100 mg once daily, doesn't protect against cardiovascular events in persons who weigh at least 70 kg (about 154 pounds), suggests a patient-level analysis of randomized trials that included more than 100,000 patients. But daily aspirin at higher dosages, usually at least 300 mg, was cardioprotective in that group, as was low-dose aspirin in people who weighed less than 70 kg.

*What constitutes a "low" or "high" aspirin dosage tends to vary somewhat by world region; regardless, the current findings challenge the common practice of prescribing a "one-size-fits-all" aspirin dosage in primary cardiovascular (CV) prevention, and possibly in secondary prevention. That low-dose aspirin seems protective only in lighter adults has major implications for the primary prevention strategy. About half of women and 80% of the men weighed at least 70 kg in the meta-analysis of mostly older trials of primary prevention aspirin. The study was **published** (click on published to read entire Lancet Report) July 12 in the Lancet, with lead author Peter M. Rothwell, MD, PhD, University of Oxford John Radcliffe Hospital, United Kingdom.*

"We showed fairly convincingly that in the trials done 10 or 20 years ago, there was weight dependence, and those on the right dose per weight seemed to benefit quite a lot in primary prevention," Rothwell told theheart.org | Medscape Cardiology. Weight dependence was also seen for aspirin's associated bleeding risk and its potential for protecting against some forms of cancer.

"Best Estimate at the Moment"

Low-dose aspirin was associated with a 12% drop in risk for CV events (vascular death, myocardial infarction, or stroke) overall in the primary prevention but a decrease of 23% for people weighing less than 70 kg. The risk edged non-significantly lower in the remaining people 70 kg or heavier.

"It's the best estimate that we've got at the moment: You'd have to say that the low-dose aspirin does seem to work in people under 70 kg," Rothwell said.

He acknowledged, however, that the degree of CV protection seen in the analysis "might well be smaller now than it was 10 to 20 years ago" given the rise of statins and other treatment advances in the intervening years.

Although any of the conventional low aspirin doses appear protective in people who weigh less than 70 kg, "there is a question mark about the need for higher doses at higher weights," he said. The CV risk reduction was about 17% for persons 70 kg or heavier at a daily aspirin dose of 325 mg, which should be weighed against the possibility of bleeding and other attendant risks.

Even with low-dose aspirin, the risk for bleeding complications was weight-dependent, dissipating with increasing weight to about 90 kg (about 198 pounds). That a bleeding risk was observed in people weighing 70 to 90 kg "is not good news," Rothwell said. "Then you're probably not getting much benefit at all, and possibly harm, if you're talking the low dose."

Below is one of the articles that points out the bleeding issues with taking Aspirin:

***Risk of bleeding and death with daily aspirin use higher than thought
Mayo Clinic – 2018***

The risk of long-term aspirin use causing major bleeding and death is higher than previously thought, with over-75s particularly vulnerable, a study suggests.

Around 40% of adults aged 75 or over in the US take a daily aspirin and lifelong treatment is recommended for patients who have previously had a heart attack or stroke.

The preventative effects are well-established in people who have suffered a major heart event, reducing the risk of another by 20%. But, Prof Peter Rothwell, from Oxford University and the lead author of the study, said there are about 20,000 major bleeds and around 3,000 deaths caused by aspirin or other antiplatelet drugs each year. He says the answer is for people taking aspirin to be prescribed heartburn drugs known as proton-pump inhibitors (PPIs), which reduce the risk of bleeding by 70% to 90%. Currently they are prescribed only in a minority of cases.

The research, published in the Lancet, found that for patients under 65 taking daily aspirin to prevent a recurring stroke or heart attack, the annual rate of bleeds requiring hospital admission was approximately 1.5%, compared with 3.5% for patients aged 75 to 84, and 5% for those aged 85 or over. The annual rate of life-threatening or fatal bleeds

was less than 0.5%, for patients under 65, 1.5% for those aged 75 to 84 and almost 2.5% for patients aged 85 or over.

“The risk of serious bleeding is much higher in the over-75s,” said Rothwell. “In people under 75 the benefits of taking aspirin for secondary prevention after a heart attack or stroke clearly outweigh the relatively small risk of bleeding – these people needn’t worry.

“In the over-75s the risk of a serious bleed is higher – but the key point is that this risk is substantially preventable by taking PPIs alongside aspirin. Since many of the 3,000 excess deaths are preventable by taking PPIs, people over 75 should be prescribed a PPI along with their aspirin. Regardless of age, nobody should suddenly stop taking aspirin without speaking to their doctor.”

The Oxford Vascular Study followed 3,166 patients who had previously had a stroke or heart attack and were prescribed antiplatelet drugs (mostly aspirin). Over the 10-year period, 314 patients were admitted to hospital for bleeding. Analysis showed the risk of bleeding, in particular the risk of fatal or disabling bleeding, increased with age.

As the study was observational, it could not establish that increased risk is entirely caused by Aspirin, but previous research suggests about half of bleeds would have occurred whether or not people were on the drug.

The authors believe the low uptake of PPIs is partly due to their side effects, but also to previous underestimations of the risk of bleed. As the population has aged so the proportion of people taking aspirin likely to experience major or fatal bleeds has increased.

The results also have consequence for people who choose to take an aspirin for its primary preventative effects – it also reduces the risk of cancer – who have not previously suffered a stroke or heart attack. This accounts for around half of the total number of people aged 75 and over taking the drug daily.

Rothwell said he personally would not take an aspirin for primary prevention, but he also said that for safety reasons no one currently taking it daily should stop doing so without consulting their doctor.

Dr Tim Chico, reader in cardiovascular medicine and consultant cardiologist at Sheffield University, said: “Prescription of any drug is a balance between the benefits of the medication against its risks, and aspirin is no different. Certainly, people should not stop their aspirin if it has been prescribed by a doctor after a stroke or heart attack, since stopping it can cause another heart attack or stroke.

“However, I would strongly recommend that people who are considering taking aspirin to prevent potential future problems such as cancer or heart attack (not for secondary prevention) should discuss this with their doctor.”

Aspirin Q&A

Here is some additional information about the benefits and risks of taking Aspirin:

How can aspirin prevent a heart attack or stroke?

Aspirin interferes with your blood's clotting action. When you bleed, your blood's clotting cells, called platelets, build up at the site of your wound. The platelets help form a plug that seals the opening in your blood vessel to stop bleeding. But this clotting can also happen within the vessels that supply your heart with blood. If your blood vessels are already narrowed from atherosclerosis — the buildup of fatty deposits in your arteries — a fatty deposit in your vessel lining can burst.

Then, a blood clot can quickly form and block the artery. This prevents blood flow to the heart and causes a heart attack. Aspirin therapy reduces the clumping action of platelets — possibly preventing a heart attack.

Should you take a daily aspirin?

Talk with your doctor about whether daily aspirin therapy might help you prevent a heart attack. Your doctor may suggest daily aspirin therapy if:

- You've already had a heart attack or stroke.
- You haven't had a heart attack, but you have had a stent placed in a coronary artery, you have had coronary bypass surgery, or you have chest pain due to coronary artery disease (angina).
- You've never had a heart attack, but you're at high risk of having one.
- You have diabetes and at least one other heart disease risk factor — such as smoking or high blood pressure — and you're a man older than 50 or a woman older than 60. The use of aspirin to prevent heart attacks in people with diabetes but no other risk factor is controversial.

The U.S. Preventive Services Task Force recommends daily aspirin therapy if you're age 50 to 59, you're not at increased bleeding risk, and you have an increased risk of heart attack or stroke of 10 percent or greater over the next 10 years. If you're age 60 to 69, you aren't at increased bleeding risk, and you have a high risk of heart attack or stroke of 10 percent or greater over the next 10 years, talk to your doctor about daily aspirin therapy.

More research is needed to determine the benefits and risks of daily aspirin use in adults younger than age 50 and older than age 70 before a recommendation can be made for or against aspirin use to prevent cardiovascular disease and colorectal cancer for these age groups.

Although aspirin has been recommended in the past for certain groups of people without a history of heart attack, there's some disagreement among experts about whether the benefits of aspirin outweigh its potential risks. The Food and Drug Administration doesn't recommend aspirin therapy for the prevention of heart attacks in people who haven't already had a heart attack, stroke or another cardiovascular condition.

Guidelines are varied between organizations, but they're evolving as more research is done. The benefits of daily aspirin therapy don't outweigh the risk of bleeding in people with a low risk of heart attacks. The higher your risk of heart attack, the more likely it is that the benefits of daily aspirin outweigh the risk of bleeding.

The bottom line is that before taking a daily aspirin you should have a discussion with your doctor.

Should you avoid daily aspirin therapy if you have another health condition?

Before starting daily aspirin therapy under the advice of your doctor, you should let him or her know if you have a health condition that could increase your risk of bleeding or other complications. These conditions include:

- A bleeding or clotting disorder (bleeding easily)
- Aspirin allergy, which can include asthma caused by aspirin
- Bleeding stomach ulcers

What's the best dose of aspirin to take?

Your doctor will discuss what dose is right for you. Very low doses of aspirin — such as 81 mg — can be effective. Your doctor will usually prescribe a daily dose anywhere from 81 mg — the amount in an adult low-dose aspirin — to 325 mg (a regular strength tablet).

If you have had a heart attack or have had a heart stent placed, it's very important to take aspirin and any other blood-thinning medications exactly as recommended.

What happens if you stop taking aspirin every day?

You might be surprised to learn that stopping daily aspirin therapy can have a rebound effect that may increase your risk of heart attack. If you have had a heart

attack or a stent placed in one or more of your heart arteries, stopping daily aspirin therapy can lead to a life-threatening heart attack. If you have been taking daily aspirin therapy and want to stop, it's important to talk to your doctor before making any changes. Suddenly stopping daily aspirin therapy could have a rebound effect that may trigger a blood clot.

Can you take aspirin if you regularly take ibuprofen or another nonsteroidal anti-inflammatory drug (NSAID) for another condition?

Both aspirin and nonsteroidal anti-inflammatory medications (NSAIDs), such as ibuprofen (Motrin IB, Advil, others) and naproxen sodium (Aleve), reduce the clotting action of blood platelets. Regular use of nonsteroidal anti-inflammatory medications can increase your bleeding risk.

Some NSAIDs can increase the risk of heart attacks on their own. Additionally, some NSAIDs can adversely interact with aspirin, increasing the risk of bleeding even more.

If you need only a single dose of ibuprofen, take it two hours after the aspirin. If you need to take ibuprofen or other NSAIDs more often, talk to your doctor about medication alternatives that won't interfere with daily aspirin therapy.

What are the possible side effects of daily aspirin therapy?

We discussed this earlier but here are some of the more bad side effects and complications of taking aspirin:

- **Stroke caused by a burst blood vessel.** While daily aspirin can help prevent a clot-related stroke, it may increase your risk of a bleeding stroke (hemorrhagic stroke).
- **Gastrointestinal bleeding.** Daily aspirin use increases your risk of developing a stomach ulcer. And, if you have a bleeding ulcer or bleeding anywhere else in your gastrointestinal tract, taking aspirin will cause it to bleed more, perhaps to a life-threatening extent.
- **Allergic reaction.** If you're allergic to aspirin, taking any amount of aspirin can trigger a serious allergic reaction.

If you're taking aspirin and need a surgical procedure or dental work, be sure to tell the surgeon or dentist that you take daily aspirin and how much. Otherwise you risk excessive bleeding during surgery. Don't stop taking aspirin without talking to your doctor, however.

People who regularly take aspirin and drink alcohol can have an increased risk of stomach bleeding. Talk to your doctor about how much alcohol is safe to drink. If you choose to drink alcohol, do so in moderation. For healthy adults, that means up to one drink a day for women of all ages and men older than age 65, and up to two drinks a day for men age 65 and younger.

What are possible drug interactions with daily aspirin therapy?

If you're already taking an anticoagulant, such as warfarin (Coumadin, Jantoven), apixaban (Eliquis), dabigatran (Pradaxa) or rivaroxaban (Xarelto) for another condition, combining it with aspirin may greatly increase the risk of major bleeding complications. However, there may be some conditions for which combining a low dose of aspirin with warfarin or another anticoagulant is appropriate. But, this therapy always needs to be carefully discussed with your doctor.

Other medications and herbal supplements that can interact with aspirin and increase your risk of bleeding include:

- Heparin
- Ibuprofen (Advil, Motrin IB, others), when taken regularly
- Corticosteroids
- Clopidogrel (Plavix)
- Some antidepressants (clomipramine, paroxetine, others)

Taking some dietary supplements can also increase your bleeding risk. These include:

- Bilberry
- Capsaicin
- Cat's claw
- Danshen
- Evening primrose oil
- Ginkgo
- Kava
- Ma-Huang
- Omega-3 fatty acids (fish oil)

If you take daily aspirin, is it still safe to take an Aspirin during a heart attack?

If you think you're having a heart attack, the most important thing for you to do is call 911 or emergency medical services. Don't delay calling for help. Aspirin alone won't save your life if you're having a heart attack. The operator may advise you to chew an Aspirin but will first ask questions to make sure you're not allergic to aspirin or you don't have any other health conditions that would make taking an aspirin during a heart attack too risky. It's OK to chew an aspirin if your doctor has

previously told you to do so if you think you're having a heart attack — but call 911 or emergency medical services first.

Should you take a coated aspirin?

Enteric-coated aspirin is designed to pass through your stomach and not disintegrate until it reaches your small intestine. It may be gentler on the stomach and may be appropriate for some people who take a daily aspirin, especially in those with a history of gastritis or ulcers. However, some researchers think there's no evidence that taking an enteric-coated aspirin decreases your chance of developing gastrointestinal bleeding. In addition, some research has found that coated aspirin may not be as effective as plain aspirin when taken at the time of a possible heart attack. Talk to your doctor if you're concerned about ways to decrease your bleeding risk.



Doctor Visit

It just so happened that I had a doctor's appointment while I was writing this article. I asked him about these new studies that say taking low dose Aspirin does no good if you weigh over 154 pounds and about the risks of bleeding in the stomach and brain.

Yes, he said that he had saw these reports and he said that for every study saying a low dose (81 mg) Aspirin does no good, there are 10 other studies that say it does help prevent strokes, heart attacks, and some forms of cancer. He recommends that I continue my Aspirin regimen of one low dose Aspirin a day taken before going to bed at night. He also stated that the higher the dosage and your age, the greater the risk of bleeding.

I did a lot of research on Aspirin for this article and I agree with my doctor.

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