Association between Aspirin Intake and Increased Anemia Risk in Elderly: A Secondary Analysis from ASPREE Trial

In a recent secondary analysis of the ASPREE (Aspirin in Reducing Events in the Elderly) randomized clinical trial, a daily dose of 100 mg of aspirin has been associated with a 20% increased risk of anemia among participants aged 65 years or older. This trial involved a total of 19,114 individuals. The incidence of anemia in the aspirin group was observed to be approximately 51 events per 1000 person-years, compared to 43 events in the placebo group. Additionally, participants on daily aspirin exhibited a larger decrease in both ferritin levels, indicative of overall iron stores, and hemoglobin concentration over 3 and 5 years, respectively.

Anemia, likely resulting from aspirin-induced bleeding such as blood loss in stool, is linked to various adverse outcomes in older individuals. These outcomes include functional decline, increased fatigue, and higher mortality rates. Consequently, these findings underscore the current guidelines advocating the use of aspirin predominantly for secondary prevention of cardiovascular disease in older people rather than primary prevention. Moreover, the study supports the need for routine hemoglobin monitoring in patients on aspirin therapy, as documented in the Annals of Internal Medicine.

In assessing the study, it presents compelling evidence of the potential side effects of daily aspirin use in an elderly population, which highlights the importance of regular health monitoring in this demographic. This work also aligns with the increasing trend of nuanced approaches to medication in older adults, balancing the preventive benefits against potential risks. However, as this is a secondary analysis, it would benefit from further research to confirm these findings and explore the mechanistic basis of this association.

https://jamanetwork.com/journals/jama/fullarticle/2806856