

# Re: Aspirin

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Actual deaths that can be attributable to aspirin therapy with certainty (no other NSAID use) is extremely rare. In my 13 years of medical practice as a licensed physician, caring for thousands of patients, I have not seen a single case.

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Such a statement is anecdotal and completely unscientific. Because I have never seen a fatal accident on the highway after 20 years of driving does not allow me to conclude that highway fatalities don't occur. Because I have never seen someone have a fatal heart attack and die in front of me in public does not mean that doesn't exist either. There are dozens and dozens of studies that show that there is a GI problem with aspirin not to mention many other problems generally not recognized.

"We found that no particular dose of aspirin between 75 mg and 300 mg daily currently used in cardiovascular prophylaxis is free of risk of causing bleeding from gastric or duodenal ulcers. Even very low (75 mg) doses of aspirin reportedly caused gastric bleeding in volunteers. .... Some 10,000 episodes of ulcer bleeding occur in people aged 60 and over each year in England and Wales. Other data of ours suggest that some 3,500 of these will be takers of non-aspirin non-steroidal anti-inflammatory drugs, and if our current figures are representative 1,700 or 17% of the total will be taking prophylactic aspirin compared with 8% of community controls. It may be deduced that 900 of the 10,000 episodes could be associated with and ascribed to prophylactic aspirin use. A general change to low doses (75 mg) of aspirin would not eliminate the risk, but again if our figures are soundly based, would reduce the risk by about 40% compared with 300 mg doses and by 30% compared with 150 mg doses."

Weil, J., Colin-Jones D., Langman M., Lawson D., Logan R., Murphy M., Rawlins M., Vessey M., and Wainwright P., "Prophylactic aspirin and risk of peptic ulcer bleeding", *British Medical Journal (BMJ)*, April 1, 1995, Vol. 310, pp. 827-829

Roman Bystrianyk, "Medication use a major risk factor in falls in the elderly", Health Sentinel, December 12, 2005,

Falls and related injuries are a serious problem in the elderly. According to the CDC (Centers for Disease Control) more than one third of adults over 65 years of age fall each year. Among older adults falls are the leading cause of injury related deaths and the most common cause of nonfatal injuries and hospital admissions for trauma. In 2003, more than 1.8 million seniors over 65 were treated in emergency departments for fall-related injuries and more than 421,000 were hospitalized.

In 2002, nearly 13,000 people over the age of 65 died from fall-related injuries. More than 60% of people who die from falls are over the age of 75. Of those who fall, 20% to 30% suffer moderate to severe injuries such as hip fractures or head traumas that reduce mobility and independence, and increase the risk of premature death. Among people ages 75 years and older, those who fall are four to five times more likely to be admitted to a long-term care facility for a year or longer. In addition, falls are a leading cause of traumatic brain injury.

A number of risk factors for falls have been previously identified including medications that cause sedation, low blood pressure, or cognitive impairment. A number of medications have been implicated as risk factors for falls including antidepressants, antipsychotics, antihypertensives, diuretics, and nonsteroidal anti-inflammatories (NSAIDs). Anticoagulants (blood thinners) have also been implicated in fall-related injuries by increasing the risk of bleeding.

A study in the December 2005 issue of American Journal of Health-System Pharmacy examines the relationship between medication use and falls among the elderly. This was a retrospective, case-controlled study in a 550-bed teaching hospital. A random sampling of 62 patients was taken from 258 recorded falls during 2002. For each fall a control patient was matched that did not fall during hospitalization.

In the study, most patients who fell (74%) experienced no significant injuries. However, of the 62 patients 1 suffered a significant injury and one patient died as a result of the fall.

After analysis the authors found that "only NSAIDs and other medications to be significant predictors of falls, with NSAIDs increasing the risk 10-fold." Although other medications increased the likelihood of a fall 13.85 times because of the limited size of the study no single medication could be identified accurately.

Previous studies have already identified the NSAIDs as being a major health problem. For example, according to a July 1998 Journal of

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Medicine study, "Conservative calculations estimate that approximately 107,000 patients are hospitalized annually for nonsteroidal anti-inflammatory drug (NSAID)-related gastrointestinal (GI) complications and at least 16,500 NSAID-related deaths occur each year among arthritis patients alone. The figures of all NSAID users would be overwhelming, yet the scope of this problem is generally under-appreciated."

The authors conclude that, "we observed a significant positive association between NSAID use, particularly the use of aspirin, and patient falls. NSAIDs may potentially increase the risk of falls because of the adverse CNS [Central Nervous System] effects, which include confusion, dizziness or light-headedness, drowsiness, and vision impairment in the elderly, and previous studies have found an increased risk of falls among users of NSAIDs. In hospitalized elderly patients, there was a significant association between NSAID use and falls, an effect largely accounted for by low-dose aspirin."

SOURCE: American Journal of Health-System Pharmacy, December 2005