



# Deprescription of Aspirin for Primary Prevention is Uncommon at Discharge in Hospitalized Patients with Gastrointestinal Bleeding

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## Background

- 29 million individuals are estimated to be on aspirin for primary prevention (ppASA).
- Primary prevention aspirin is associated with a 56% increased risk of GI bleeding (GIB).
- Current guidelines recommend deprescription of ppASA in patients with a history of GIB.
- Deprescription patterns of ppASA in hospitalized patients with GIB remain unknown.

## Methods

- Identified all hospitalized patients at Yale–New Haven Hospital from 01/2014 and 10/2021 who developed GIB and were on ppASA.
- Primary outcome: ppASA deprescription at discharge
- Secondary outcomes:
  - Post-discharge major adverse cardiac events (MACE)
  - Post-discharge GIB hospitalization

## Results

- 320 patients included in the final analysis (Table 1)
- 41 died during their hospitalization
- **25 (9%) had ppASA deprescribed at discharge**
- **12 (4%) mentioned indication for ASA at discharge**
- 19 patients were lost to follow-up after hospitalization

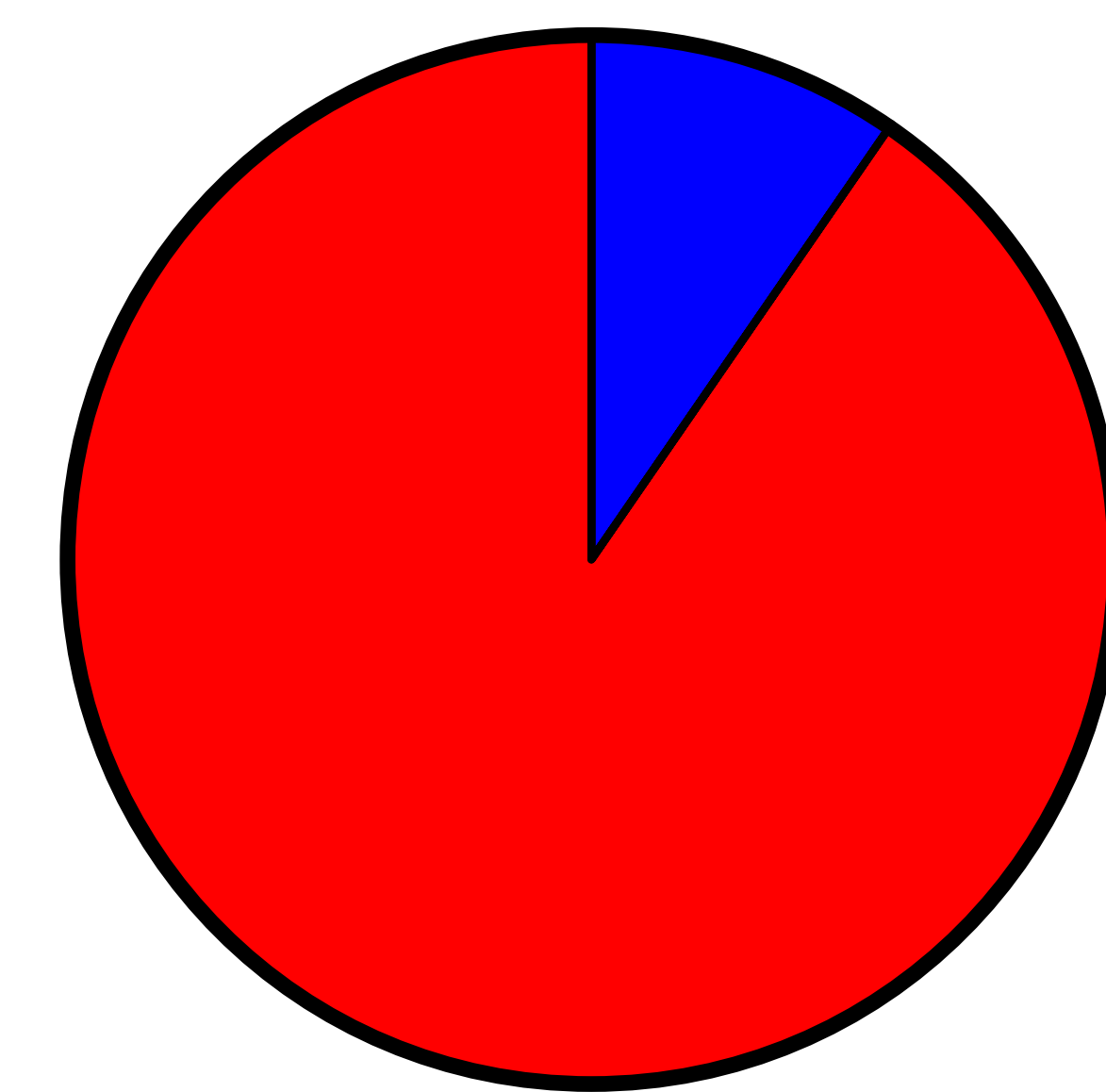
## Conclusions and Clinical Implications

- Results highlight a large gap in implementation of deprescription in patients with GIB and support the safety of aspirin deprescription in the absence of pre-existing cardiovascular disease
- Quality improvement initiatives are needed for discharge medication review to ensure appropriate deprescription in this population

Primary prevention aspirin was rarely deprescribed at discharge in hospitalized patients with GIB.

Aspirin deprescription was not associated with increased risk of MACE in follow-up.

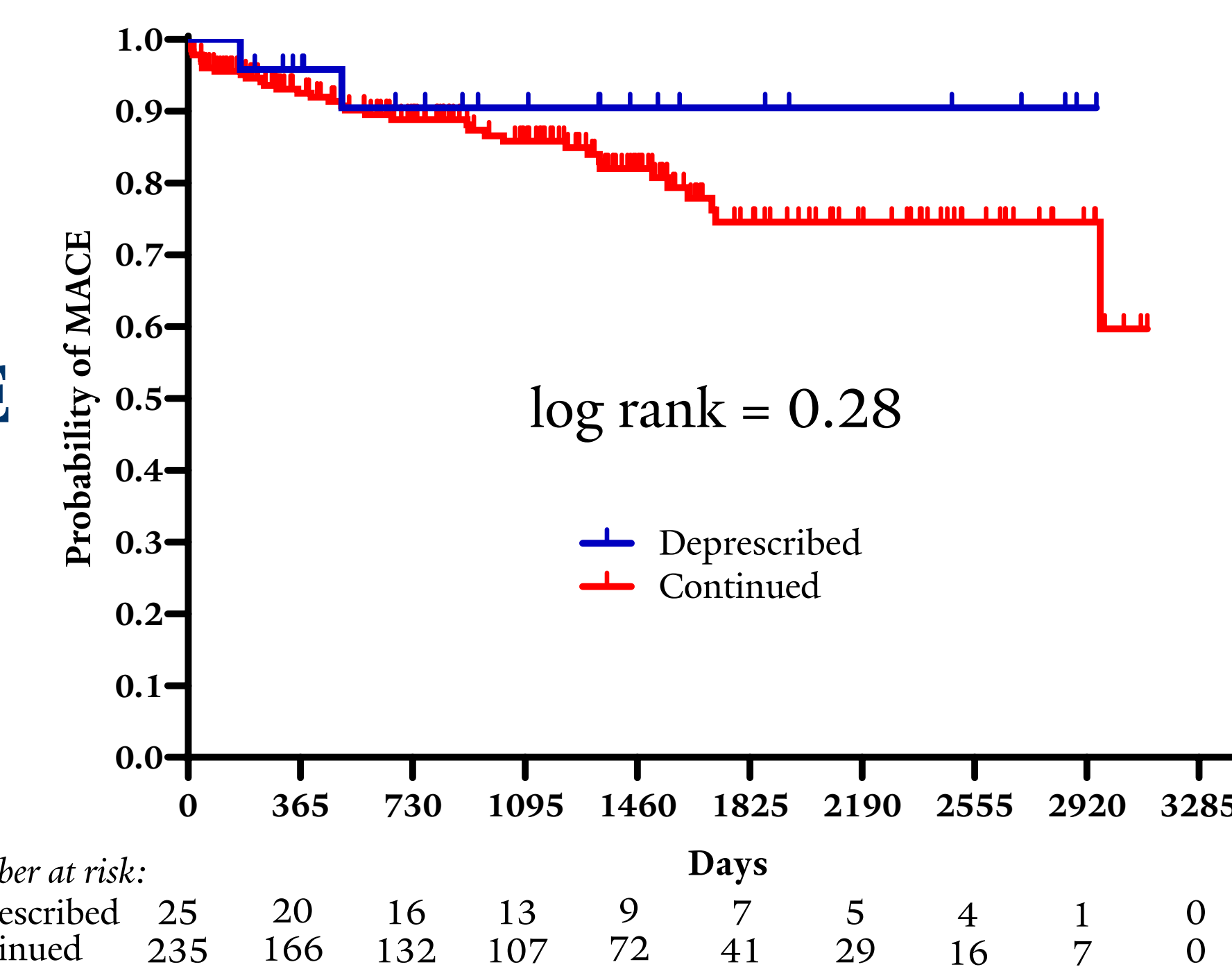
25 Deprescribed



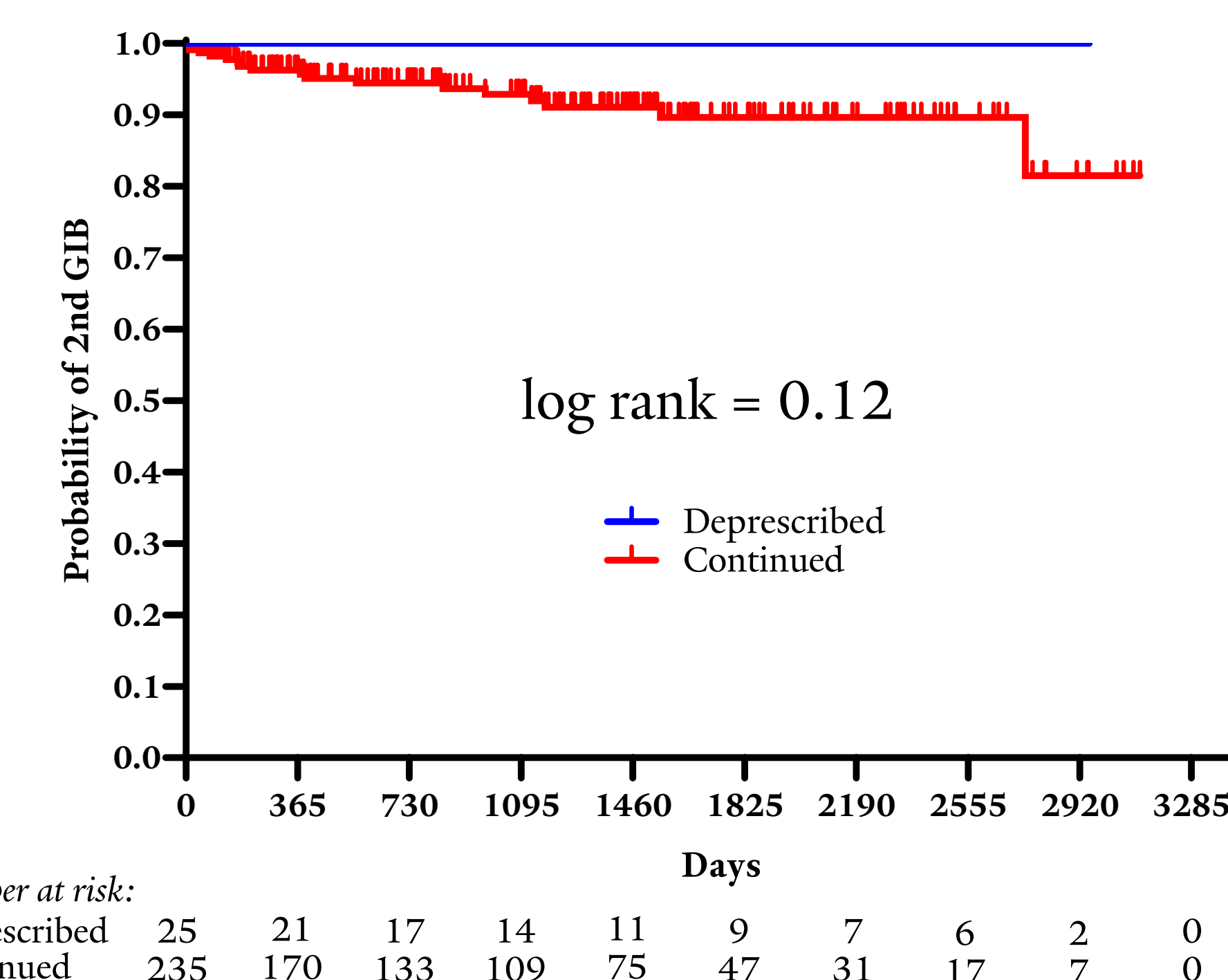
235 Continued

Median (IQR) follow-up time:  
1103 days (367-1670)

MACE



GIB



Demographics	
Age	72 (61-81)
Sex, male	149 (46.6%)
Race/Ethnicity	
White/Caucasian	238 (74.4%)
Black/African American	54 (16.9%)
Asian or Pacific Islander	8 (2.5%)
Other	20 (6.2%)
Ethnicity	
Hispanic or Latino	18 (5.6%)
Daily aspirin dose (81 mg)	297 (92.8%)
Medical Comorbidities	
Hypertension	278 (86.9%)
Diabetes Mellitus	137 (42.8%)
Chronic Kidney Disease	83 (25.9%)
Peptic Ulcer Disease	44 (13.8%)
Cirrhosis	21 (6.6%)
COVID-19	25 (7.8%)
Medications	
NSAIDs	16 (5.0%)
SSRIs	45 (14.1%)
Antiplatelets	1 (0.3%)
Anticoagulants	14 (4.4%)
Hospitalization Characteristics	
Endoscopic evaluation	172 (53.8%)
ICU admission	95 (29.7%)
In-hospital mortality	41 (12.8%)
GIB-related mortality	9 (2.8%)
Hospital LOS, days	5 (3-9)

Table 1. Baseline and hospitalization characteristics of patients on ppASA presenting with GIB (n=320). Median and interquartile range used for continuous variables. N (%) used for categorical variables.