



**4<sup>TH</sup>** DAILY CARDIOLOGY  
**SYMPOSIUM**

CONCISE, PRECISE, PRACTICAL

# The Impending Accident! The Role of Antithrombotic Medications in the Primary Prevention of ASCVD

## Learning Objectives and Case



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## Learning Objectives

- Atherosclerotic Risk Assessment in the Primary Prevention
  - Clinical Tools
  - Risk Enhancers
- Low-Dose Aspirin for the Primary Prevention of ASCVD
  - Evidence in Favor of
  - Evidence Against
  - Patient Selection and Indications (e.g., DM, Elderly)
  - Bleeding Risk Assessment and tools
  - Shared Decision Making

Follow-Up and Discontinuation of Treatment

## Case

- 50 Y/O gentleman, car mechanic, current smoker (19 PY)
- PMH: well controlled HTN from 5 years ago
- DH: Valsartan/Amlodipine/HCT 160/5/12.5mg Daily
- FH: His father died of ischemic stroke at the age of 58
- He runs a sedentary lifestyle but he is asymptomatic in his routine activities.

## Case

- Ph/E:
  - BP: 124/79 mmHg, HR: 77bpm, Spo2: 99% in room air, BMI: 26, otherwise unremarkable
- ECG: NSR
- Recent Lab:
  - FPG: 106 mg/dL, HbA1c: 5.5%, CBC, LFT, Cr, Electrolytes: NL

A relative of the patient has advised him to take “baby Aspirin” daily in order to avoid the risk of stroke or MI in the future.

**Do you advise the prescription of Aspirin in this patient to prevent ASCVD?**

**Thank you for your attention**



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