

# Low-dose aspirin better after heart attack procedures?

*By ACSH Staff — December 19, 2012*

More may not always be better in the case of taking aspirin following a coronary artery intervention for acute heart attack. In fact, maintenance on low-dose aspirin may actually be the best approach. Following an intervention after a heart attack such as an angioplasty or a thrombectomy daily aspirin doses may range from 75 mg to 325 mg, but the optimal amount is still in question. (Such interventions are known as percutaneous coronary interventions, or PCI).

Dr. Roxana Mehran of Mount Sinai Medical Center in New York City and colleagues [examined data](#) [1] from the HORIZONS-AMI trial, in order to assess the impact of aspirin dose on long-term outcomes in patients with ST-segment elevation myocardial infarction (STEMI) the most common type of heart attack after having a percutaneous procedure done. A percutaneous procedure refers to using a catheter to clear arteries rather than opening the chest and doing a bypass graft. Of the 2,851 patients in the trial, 80 percent the low dose group were sent home with a daily aspirin dose of 200 mg or less, and the other 20 percent were assigned a daily aspirin dose above 200 mg.

Researchers found that cardiovascular outcomes were similar in both groups; however, individuals in the high dose group had significantly higher rates of major bleeding both in the first two months after being discharged from the hospital, as well as throughout the entire three-year follow-up. Therefore they concluded: This analysis contributes to an increasing literature that suggests that patients with acute coronary syndrome (both STEMI and non-STEMI) and those undergoing PCI should be maintained on low-dose rather than high-dose aspirin.

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[1] <http://www.medpagetoday.com/Cardiology/PCI/36492>