Should You Take Daily Aspirin? Here’s the Lastest Research

6 MIN READ

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Aspirin’s role in healthy aging is evolving. Here’s how to weigh the evidence for your body and your decade.

Once a routine part of daily prevention for heart attack and stroke, aspirin therapy has come under renewed scrutiny in recent years. Should you be taking it daily? And if so, how much is enough?

We dug into the research and spoke with Super Age Advisor Dr. Michael Roizen, chief wellness officer emeritus at Cleveland Clinic and a vocal advocate for targeted aspirin use in midlife, to bring you the latest, clearest guidance on this tiny pill with outsized influence on aging well.

A Quick Primer: What Does Aspirin Do?

Aspirin is an antiplatelet medication that helps prevent blood cells called platelets from clumping together to form clots. Clots are at the root of many heart attacks and strokes. Aspirin also has anti-inflammatory properties, which may explain its emerging link to lower risks of certain cancers and cognitive decline.

But the same mechanisms that make aspirin protective can also increase the risk of bleeding, particularly in the gastrointestinal tract or brain.

A Proactive, Personalized Approach to Daily Aspirin

According to Dr. Roizen, the current messaging around aspirin therapy is confusing, and that's costing lives. "For people over 50 who are not at high bleeding risk and are not engaged in contact sports or activities with a high risk of injury, the benefits of taking 81 mg of aspirin twice a day outweigh the downsides," he says.

Why twice a day?

- **Anti-inflammatory effect**: Aspirin's anti-inflammatory power lasts about 18 hours.
- **Antiplatelet effect**: Its blood-thinning power can last over 30 hours.
- **Cancer and v**ascular benefits: Long-term use has been associated with **lower rates of some cancers** (including colon, **breast**, esophagus, brain tumors, meningioma, melanoma, thyroid, non-Hodgkin lymphoma, and leukemia) and vascular events.

But it's not a free ride. Gastrointestinal irritation and bleeding are the main concerns. To help with the gastro effects, Dr. Roizen suggests taking aspirin with a full glass of warm water before and after, and potentially using bovine colostrum (BC), a supplement that may help protect the **gut lining**. The warm water allows the aspirin to land in the water rather than landing on your stomach lining and eroding it," says Roizen. "Because aspirin and all non-steroidal anti-inflammatory drugs decrease the width of your intestinal lining, taking it with bovine colostrum reverses that and prevents that loss. That's why we advocate for BC," says Roizen

Mayo Clinic Says: Consider the Context

The Mayo Clinic strongly advises that aspirin therapy should **never be started without a doctor's guidance**, especially for primary prevention, i.e., in people who have *never* had a heart attack, stroke, or vascular surgery.

Their key takeaway: aspirin is good for

- **People who** *have* **had a cardiovascular event**: Daily low-dose aspirin is well supported

and widely recommended.

- **People with no history of heart disease**: The risks and benefits must be weighed carefully, especially as the risk of bleeding increases with age.

For people aged 40–59 who have a 10% or higher 10-year cardiovascular risk, daily aspirin may still be recommended. For those over 60 without heart disease, the risk of bleeding can outweigh the benefit, unless other risk factors are present (e.g., diabetes, smoking, or high blood pressure).

The Case *For* and *Against* Age-Based Aspirin Use

A review in ***BMJ*** lays out the arguments in stark terms:

THE CASE FOR:

- **Population-wide impact**: Data from the **Caerphilly study on heart disease in the UK** shows that half of men over 45 and women over 50 already exceed the 3% five-year risk threshold for vascular events, suggesting that many would benefit from aspirin prophylaxis.
- **Additional benefits**: Preliminary evidence suggests aspirin may lower risk of cancer (particularly colon cancer) and perhaps even delay or prevent dementia.
- **Low side effect rate**: For 90–95% of the population, low-dose aspirin may not cause significant issues if taken properly.

THE CASE AGAINST:

- **Risks often outweigh benefits in the healthy**: Particularly in **older adults over 70**, the risk of serious gastrointestinal bleeding increases by 60%, especially when combined with other medications or alcohol.
- **Population risk estimates are outdated**: Many of the studies suggesting high baseline risk for heart events are based on data from decades ago.

So… Should You Take Aspirin Daily After 50?

It depends on your unique risk profile, and here's how to think it through:

- **If you've had a heart attack, stroke, or stent placement**: Talk to your doctor. Daily aspirin is likely right for you.
- **If you are between 40–59 with a 10% or more risk of heart disease over the next 10 years**: Aspirin might help. Ask your doctor to assess your risk
- **If you are 60 or older and have *not* had a heart event:** Be cautious. The risk of bleeding likely outweighs the benefit (unless you have other conditions, like diabetes that put you at higher vascular risk.)
- **If you are already on a blood thinner:** Do not add aspirin unless your doctor explicitly recommends it.
- **If you have a history of ulcers, GI bleeding, or aspirin allergy**: Aspirin is likely not safe for you. Explore other prevention strategies.

How Much Aspirin Should You Take?

Most experts agree that the right dose is 81 mg per day, though Roizen recommends doubling that to 81 mg in the morning, and 81 mg in the evening for maximum anti-inflammatory coverage.

Avoid high-dose aspirin (325 mg) unless under specific medical guidance. Coated

(enteric) aspirin may reduce stomach upset for some, but it's not proven to lower GI bleeding risk and may be less effective in emergencies.

If you and your doctor decide aspirin therapy is right for you:

- **Take it with food or water**, especially warm water, to reduce GI irritation.
- **Consider bovine colostrum** or other gut-supportive supplements if you have a sensitive stomach (but run this by your provider).
- **Avoid alcohol** or limit to moderate intake: aspirin plus alcohol increases bleeding risk.
- **Watch for drug interactions**: NSAIDs like ibuprofen (Advil) and naproxen (Aleve) can interfere with aspirin's effect and increase the risk of bleeding.
- **Disclose your aspirin use before surgery or dental work**.

Empowered, Informed Choices

Aspirin therapy after 50 is not a yes-or-no question; it's a personalized decision based on your vascular risk, lifestyle, and bleeding profile. While Dr. Roizen strongly favors wider use, especially for midlife adults with manageable bleeding risk, institutions like the Mayo Clinic and experts cited in *The BMJ* urge a more cautious, individualized approach.

What's clear is this: daily aspirin is no longer one-size-fits-all. But for those in their Super Age, healthy, engaged, and proactive, talk to your doctor to see if it's a smart addition to your longevity toolkit.

Before making any changes, talk to your healthcare professional. And if you're already taking aspirin, don't stop abruptly without medical guidance; doing so could trigger a rebound clotting effect.

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