Jefferson Cardiology Association Happenings

**Risks of Bleeding With Aspirin**

Over the years, persons with heart attacks have been given aspirin to prevent recurrent events. Also, people with no history of heart disease or stroke have been given aspirin to prevent these events. Recent studies have looked at the benefit and risks of aspirin in each of these groups.

Clinical studies have documented the benefit of aspirin in patients with heart attacks and strokes. In one such study involving persons with a coronary or stroke history, aspirin was found to have a 2.5% absolute risk reduction and a bleeding risk of 0.42%. In another study of similar patients, aspirin reduced risk of heart attack, cardiac death and stroke. For 6 vascular events prevented, one major bleeding event would occur.

Debate remains regarding the preventive effects of aspirin in persons who have had no history of heart disease or stroke. In one study it was calculated that one major bleed would occur for each 2 vascular events prevented. Another study demonstrated a reduction of heart attacks but no reduction of stroke or cardiac death.

In the June 6 issue of the *Journal of the American Medical Society*, a study appears evaluating the risk of aspirin induced bleeding in diabetics and non-diabetics. The study involved 186,425 persons treated with low dose aspirin and 186,425 persons not treated with low dose aspirin. Both groups were followed for 5.7 years. Over this period there was 5.58% rate of hemorrhage in those taking aspirin compared to 3.6% not taking aspirin. Diabetics also had an increased risk of bleeding and this risk was not affected by aspirin therapy. The increased risk of bleeding associated with aspirin included both gastrointestinal and cerebral bleeding.

There appears to be no question that persons with history of coronary artery disease and stroke benefit from aspirin therapy. The question of benefit exists in those with no coronary or stroke history taking aspirin for prevention or primary prevention. The authors of current study refer to a study that demonstrates the risk of bleeding equals the benefit of heart attack and stroke in those treated for primary prevention.

Perhaps it is reasonable for those wishing to consider aspirin for primary prevention to consult with their physicians. Those without a strong family history or risk factors for heart disease and stroke may then be able to consider the risks and benefits of aspirin.

**Significance of Differences in Blood Pressure Between Arms**

A study was done in the *British Medical Journal* evaluating the significance of differences in blood pressure between the arms. In this study, 55 patients had a difference in blood pressure greater than 10 mm of mercury and 21 had a difference over 15 mm of mercury. These persons were watched for 9.8 years. The persons with blood pressure differences were found to have an increased risk for cardiovascular disease, stroke and death.

Identifying blood pressure differences between arms may identify with increased risk for cardiovascular events. Also, the physician is alerted to track blood pressure and the response to treatment in the same arm on repeat visits. Whether recognizing these blood pressure
differences will improve outcomes remains to be seen.

**Fitness, Obesity and Cardiovascular Risk**

In a recent study, 3148 adults were followed over 27 years to evaluate the relative risks of fitness and obesity. Over this period, 24% developed high blood pressure, 19% increased cholesterol and 14% metabolic syndrome that includes obesity, high blood sugar and abnormal triglycerides and HDL, good cholesterol. Both increased obesity and reduced fitness were associated with these outcomes. Losing weight or increasing fitness reduced but did not eliminate these risks. In short, obese patients need both weight loss and increased exercise.

**Staff News**

**Happy Birthday**

Please join us in wishing our senior partners, Dr. Bramowitz and Dr. Lemis a very Happy Birthday. Congratulations to both of you.

**Happy Father’s Day**

We at JCA would like to wish all the Fathers of our practice a very happy and safe Father’s Day.

**Pork and Tomato Skillet Sauté**

Ingredients:
- 4 teaspoons olive oil, divided
- 4 (6-ounce) bone-in-center-cut loin pork chops (about ½ inch thick)
- ½ teaspoon salt, divided
- ½ teaspoon freshly ground black pepper, divided
- ½ cup thinly sliced shallots
- 2 tablespoons balsamic vinegar
- 2 teaspoons minced garlic
- 2 cups grape tomatoes
- 3 tablespoons chopped fresh basil

1. Heat a large nonstick skillet over medium-high heat. Add 1 teaspoon oil; swirl to coat. Sprinkle chops evenly with ¼ teaspoon salt and ¼ teaspoon pepper. Add pork to pan; cook 3 minutes on each side or until desired degree of doneness. Remove pork from pan. Add remaining 1 tablespoon oil, shallots, vinegar, and garlic to pan; sauté 1 minute, scraping pan to loosen browned bits. Combine tomatoes, remaining ¼ teaspoon salt and ¼ teaspoon pepper in a medium bowl; toss gently to coat. Add tomato mixture to pan; cook 2 minutes or until tomatoes begin to soften. Sprinkle with basil. Serve tomato mixture with pork.