Background Aspirin is beneficial for the secondary prevention of cardiovascular disease. Unfortunately, it also carries an increased risk for gastrointestinal (GI) injury, especially in patients of advanced age. It has been reported that patients ≥75 years are at a substantial risk of GI bleeding when taking aspirin. Proton pump inhibitor therapy was found to decrease this risk, however, safety concerns limit its use in practice.

Purpose To evaluate the prescribing of GI prophylaxis in elderly patients (≥75) taking aspirin.

Material and methods GI prophylaxis was evaluated retrospectively in elderly patients (≥75) that were discharged from hospital between March 2018 and June 2018 on aspirin therapy. Data on the patient’s gender, age, discharge ward specialty, GI prophylactic agent and additional GI bleeding risks (history of peptic ulcer disease, H. pylori infection, concomitant drugs which cause GI bleeding) was collected from discharge summaries and analysed using differential statistics on IBM SPSS Statistics Software v25.

Results The total number of elderly patients (≥75) included in this study was 154% and 79.2% of them were taking GI prophylaxis on discharge. The most popular GI prophylaxis agent prescribed was lansoprazole 30 mg (59.0%). GI prophylaxis was prescribed in all the patients with a history of peptic ulcer disease or H. pylori infection and 87.2% of patients taking concomitant drugs that increase the risk of bleeding. The cardiac and the geriatric wards discharged the highest number of elderly patients on aspirin. It was found that the cardiac wards discharged more patients on GI prophylaxis (90.6%) than the geriatric wards (72.6%).

Conclusion In conclusion, this study has shown that even though a high proportion of elderly patients (≥75) were prescribed GI prophylaxis, there was still some inconsistency in prescribing patterns. Some elderly patients with a high risk of GI bleeding did not have any GI prophylaxis, while those with no additional GI bleeding risks did. This study also found that prescribing patterns differed between different specialties. It is therefore beneficial to develop guidelines for the hospital to follow and to raise awareness among prescribers and clinical pharmacists regarding the use of appropriate GI prophylaxis in elderly patients on aspirin therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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