

Aspirin 60 mg VS Aspirin 80 mg

Written by Administrator

Thursday, 03 February 2011 15:11 - Last Updated Friday, 29 November 2013 04:42

Aspirin 80 Aspirin 60

80 60

ASPIRIN

Analgesic, Antipyretic, Antirheumatic, Central nervous system agent, NSAID
platelet aggregation inhibitor (1)

FDA

- 1) Carotid endarterectomy
- 2) Cerebrovascular accident
- 3) Cerebrovascular accident; Prophylaxis
- 4) Coronary artery bypass graft
- 5) Disorder of joint of spine
- 6) Fever

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- 7) Generalized aches and pains
- 8) Headache
- 9) Migraine
- 10) Myocardial infarction
- 11) Myocardial infarction; Prophylaxis
- 12) Osteoarthritis
- 13) Pain
- 14) Percutaneous coronary intervention
- 15) Rheumatoid arthritis
- 16) Stable angina, chronic
- 17) Systemic lupus erythematosus, Arthritis and Pleurisy
- 18) Transient ischemic attack; Treatment and Prophylaxis
- 19) Unstable angina

IndicationsFDA Indications

- 1) Atrial fibrillation
- 2) Carotid artery stenosis
- 3) Kawasaki disease
- 4) Mitral valve prolapse
- 5) Peripheral arterial occlusive disease
- 6) Prosthetic replacement of heart valve - Thromboembolic disorder; Prophylaxis

ContraindicationsContraindications

Warnings

Aspirin (mg)/Day

ASA 80 mg

ASA 60 mg

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Atrial fibrillation

75 - 325

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Carotid artery stenosis

75 - 100

√

Carotid endarterectomy

50 - 100

√

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√

75 - 100

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Cerebrovascular accident

150 - 325

Cerebrovascular accident; Prophylaxis (non-cardioembolic TIA or stroke)

50 - 100

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☐ cardioembolic stroke and contraindications to anticoagulant therapy

☐ 75 - 325

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☐ Coronary artery bypass graft

☐ 75 - 100

☒

☐ Disorder of joint of spine

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4000

Fever-

325 - 650 q 4 - 6 hr

Generalized aches and pains

325 - 650 q 4 hr

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Headache:

500 - 1000 q 4 - 6 hr

Migraine

1000

Mitral valve prolapse

50 - 100

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Myocardial infarction

☐ acute ST-segment elevation

☐ non-ST-segment elevation

☐ acute coronary syndrome with or without ST-segment elevation myocardial infarction

160 - 325 ☐ 75 - 162

162 - 325

162 - 325

75 - 162

☒

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Myocardial infarction; Prophylaxis

☐ primary prevention

☐ secondary prevention, following acute ST-segment elevation

☐ secondary prevention, following non-ST-segment

☐ prevention, following acute coronary syndrome with or without ST-segment elevation

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160 - 325 ☐☐☐☐☐☐☐☐ 75 - 100

160 - 325 ☐☐☐☐☐☐☐☐ 75 - 100

75 - 162 ☐☐☐☐☐☐☐☐ 75 - 100

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o secondary prevention, in patients receiving moderate-intensity warfarin

o secondary prevention, in patients receiving high-intensity warfarin

□□□□□□□□ 100

□□□□□□□□

√

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Osteoarthritis

□□□□□□□□ 3000 □□□□□□

Pain

325 - 650 q 4 hr

Percutaneous coronary intervention

75 - 100

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☒

☐ Peripheral arterial occlusive disease

☐ 75 - 100

☒

☐ Prosthetic replacement of heart valve Thromboembolic disorder; Prophylaxis:

☐ 50 - 100

☒

☒

☐ heumatoid arthritis:

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3000 mg daily target plasma salicylate 150-300 mcg/mL

Stable angina

75 - 325

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Systemic lupus erythematosus, Arthritis and Pleurisy

3000 mg daily target plasma salicylate 150 - 300 mcg/mL

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Transient ischemic attack; Treatment and Prophylaxis

o combination with clopidogrel With recent acute myocardial infarction, other acute coronary syndrom

o monotherapy

75 - 100

50 - 100

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aspirin 80

aspirin 60

(2)

Meta-analysis Antithrombotic trialists' collaboration aspirin vascular event acute myocardial infarction, ischemic stroke, unstable , stable angina, previous myocardial infarction, stroke , cerebral ischemia, peripheral arterial disease, atrial fibrillation 75 - 150 vascular event (3)

Tablet: Aspirin Tab 300 mg (plain tab), Aspent Tab 300 mg (coated tab) (4)

A.S.A Tab 81 mg (coated tab)

1. Lacy CF, Armstrong LL, Goldman MP, Lance LL. Drug information handout. 17 th ed. Ohio. Lexi-comp Inc; 2008-2009.

2. DRUGDEX® **System**: Mclean W & Areano R: Aspirin. In gelman CR, Rumack BH & Hess AJ (Eds): DRUGDEX® **System**. MICROMEDEX.

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Inc., Englewood, Colorado (unknown).

3. Antithrombotic Trialists' Collaboration. Collaborative meta-analysis of randomised trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients. BMJ 2002;324:71-86

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