

## Changing aspirin use in patients with Type 2 diabetes in the UKPDS

C. A. Cull, H. A. W. Neil\* and R. R. Holman

**Aims** To examine the proportion of UK Prospective Diabetes Study (UKPDS) patients with Type 2 diabetes taking aspirin regularly for the primary and secondary prevention of cardiovascular disease (CVD) before and after publication of the 1997 American Diabetes Association (ADA) Clinical Practice Recommendations and the 1998 Joint British Recommendations on the Prevention of Coronary Disease in Clinical Practice.

**Methods** UKPDS annual review data from 1996/7 ( $n = 3190$ ) and 2000/1 ( $n = 2467$ ) were used to determine the prevalence of patients taking aspirin regularly in relation to known CVD risk factors and pre-existing CVD.

**Results** Patients taking aspirin regularly were more often male than female (24 vs. 20%,  $P = 0.0033$ ), older ( $66 \pm 8$  vs.  $62 \pm 9$  years,  $P < 0.0001$ ) and less often Afro-Caribbean than White Caucasian or Indian Asian (11 vs. 23 vs. 22%, respectively,  $P < 0.0001$ ). Between 1996/7 and 2000/1 aspirin use in patients without pre-existing CVD increased from 17 to 31% ( $P < 0.0001$ ) and for those with pre-existing CVD from 76 to 82% ( $P = 0.032$ ).

**Conclusion** The majority of patients with pre-existing CVD were taking aspirin regularly. Although aspirin use in those without pre-existing CVD approximately doubled after publication of the ADA and Joint British Recommendations, less than two-thirds of these high-risk patients were being treated according to guidelines. This may relate to a lack of convincing evidence for primary CVD prevention or failure to adhere to guidelines. It may be that more trial data is needed to convince clinicians of the value of aspirin therapy in Type 2 diabetes.