# Aspirin and GI risk

## Managing people at high risk of GI bleeds

Ensure that general measures to reduce risk of gastrointestinal (GI) adverse effects have been taken.

If taking low-dose aspirin:

Co-prescribe a proton pump inhibitor (such as lansoprazole or omeprazole) for gastroprotection, instead of switching to clopidogrel.

If taking clopidogrel alone or in combination with low-dose aspirin:

Co-prescribe lansoprazole 15mg daily (increasing to 30mg only if 15mg is insufficient).

Co-prescribing of omeprazole (or esomeprazole) with clopidogrel should be avoided.

Alternatively, consider prescribing double-dose $H_2$-receptor antagonist (but not cimetidine) instead of a PPI — for example, ranitidine 300mg twice daily (off-label dose).

Consider testing for and treating *Helicobacter pylori* if the person has a history of ulcer disease or upper GI bleeding, unless previously tested and treated for this.

## People are at high risk of GI adverse effect with antiplatelet treatment if the following risk factors are present:

High dose of aspirin.

Older age.

History of gastroduodenal ulcer, GI bleeding, or gastroduodenal perforation.

Concomitant use of medications that are known to increase the risk of GI bleeds (such as NSAIDS, anticoagulants, corticosteroids, Potassium-channel activator [e.g. nicorandil], SSRIs, see Drugs that cause GI toxicity).

Serious comorbidity, such as cardiovascular disease, hepatic or renal impairment (including dehydration), diabetes, or hypertension.

*Helicobacter pylori* infection.