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CMAJ headlines:

- **Cumulative doses of oral steroids linked to increased blood pressure**
- **New guideline recommends against daily ASA for stroke, heart and vascular disease prevention in people at low risk**

Cumulative doses of oral steroids linked to increased blood pressure

Cumulative doses of oral steroids in patients with chronic inflammatory diseases are associated with increased hypertension (blood pressure) for those who take them regularly, found new research in *CMAJ (Canadian Medical Association Journal)*.

“The cumulative effect of oral steroid doses on hypertension is substantial, and given that these are commonly prescribed medications, the related health burden could be high,” says Dr. Mar Pujades-Rodriguez, Leeds Institute of Health Sciences, University of Leeds, Leeds, United Kingdom.

Hypertension, or high blood pressure, affects one in five adults around the world and can have significant negative health effects. Previous studies have reported a dose-related response between oral steroids and hypertension, although evidence has been inconclusive.

This study of more than 71 000 patients from 389 general practices in England looked at the relationship between oral glucocorticoid doses and hypertension in patients with chronic inflammatory diseases between 1998 and 2017. The most common underlying diseases included inflammatory bowel disease (35%) and rheumatoid arthritis (28%). Researchers found that in the cohort studied, there were 24 896 (35%) new cases of hypertension. When patients reached cumulative doses, rates of hypertension increased accordingly in a dose–response pattern.

The authors recommend that health care providers closely monitor blood pressure in patients who routinely take oral steroids.

The Medical Research Council TARGET Partnership Grant, the National Institute for Health Research and the European Research Council funded the study.

“Oral glucocorticoids and incidence of hypertension in people with chronic inflammatory diseases: a population-based cohort study” is published March 23, 2020.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.191012>

Media contact for research: pressoffice@leeds.ac.uk, tel: +44 (0) 113 34 34031

New guideline recommends against daily ASA for stroke, heart and vascular disease prevention in people at low risk

Heart & Stroke issues new recommendations based on new evidence

A new Heart & Stroke guideline does not recommend daily ASA (acetylsalicylic acid) as a primary preventive measure for people without a history of stroke, heart or vascular disease. The guideline is based on new evidence and is published in *CMAJ (Canadian Medical Association Journal)*.

Heart conditions, stroke and vascular cognitive impairment account for one in three deaths in Canada, outpacing all other diseases, including cancer.

In Canada, taking low-dose daily ASA (such as Aspirin) as a preventive measure against stroke and heart disease has been commonly recommended since the late 1970s. However, new evidence has challenged the practice of healthy people taking ASA daily because of potential risks.

“Strong new research indicates that taking ASA daily could potentially do more harm than good for those at low risk for stroke, heart or vascular disease, causing adverse effects such as internal bleeding,” says Dr. Theodore Wein, neurologist at McGill University and chair of the Heart & Stroke writing group that developed the guideline. “Individuals should speak with their health professional to weigh the risks and benefits before deciding to start, continue or stop taking ASA daily as a preventative measure against stroke, heart or vascular disease.”

For people with a history of stroke, heart or vascular disease who have been advised to take ASA, the guideline strongly recommends they continue to do so and to talk to their health professional before making any changes.

The American Heart Association has similarly revised its recommendations based on the new evidence.

Almost 80% of premature heart disease and stroke are preventable through healthy lifestyle behaviours such as healthy diet, avoiding tobacco use and physical activity. Many risk factors, such as high blood pressure, can be managed.

The authors recommend health professionals such as physicians, nurses and nurse practitioners, pharmacists and physician assistants should engage patients and caregivers in discussions about using ASA for primary prevention and adopting healthy lifestyles.

“We encourage health care practitioners to speak to their patients about the importance of a healthy lifestyle as well as being aware of and managing risk factors, such as high blood pressure, to prevent stroke and heart and vascular disease,” says Dr. Jeffrey Habert, a family physician and a member of the Heart & Stroke guideline writing group.

For physician and patient resources, please visit www.heartandstroke.ca/ASA.

The Heart and Stroke Foundation of Canada funded the guideline.

“Canadian Stroke Best Practice Recommendations, seventh edition: acetylsalicylic acid for prevention of vascular events” is published March 23, 2020.

MEDIA NOTE: Please use the following public links after the embargo lift:

Guideline: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.191599>

Podcast permanent link: <https://soundcloud.com/cmajpodcasts/191599-guide>

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