

Study finds no evidence that an aspirin a day lowers risk of fractures in healthy older people

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A team of researchers affiliated with multiple institutions in Australia and the U.S. has found that taking an aspirin a day does not lower the

risk of bone fractures in healthy older people. In their paper published in *JAMA Internal Medicine*, the group describes their study, which involved giving thousands of older people a daily dose of either aspirin or a placebo.

Prior research has suggested that older people can benefit from taking a dose of aspirin every day. The primary benefit is a lower risk of heart attacks, but some in the [medical field](#) have suggested that it might also slow physical decline by reducing cerebrovascular events or even reducing cognitive decline. In this new effort, the researchers wondered if taking an aspirin a day might also reduce the risk of fracture during accidents such as falling down.

To find out, the researchers conducted an ASPREE-FRACTURE sub-study—they asked 16,703 older people living in a [retirement community](#) (who did not have a [physical disability](#), suffer from dementia or have [cardiovascular disease](#)) to take a pill every day—roughly half were given a low dose of aspirin while the other half got a placebo. The study was conducted over the years 2010 to 2014 and also involved following the medical records of the volunteers to track events that led to bone fractures.

The researchers found that giving the volunteers aspirin did not reduce the possibility of bone fractures during accidents. They were also surprised to find that the group getting the aspirin experienced 17% more serious falls than the [placebo group](#).

The researchers were unable to explain the higher rate of serious falls in the aspirin group, but suggest that it might have been due to the aspirin impacting the ability to prevent falling. The researchers note that the finding was doubly surprising because it went against the idea that people less inclined to developing dementia or heart conditions (due to taking aspirin) would seem to be less likely to experience falls.

They also acknowledge that there were limitations in the study that could have impacted the results, such as an inability to generalize findings that would include less healthy [older people](#). They also note that the study duration may not have been long enough to see true results.

More information: Anna L. Barker et al, Daily Low-Dose Aspirin and Risk of Serious Falls and Fractures in Healthy Older People, *JAMA Internal Medicine* (2022). [DOI: 10.1001/jamainternmed.2022.5028](https://doi.org/10.1001/jamainternmed.2022.5028)

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