

Aspirin® in cardiovascular indications including primary prevention indications

Country	Indication	Dosage
Argentina 100 mg micro-capsulated	Against platelet aggregation. Inhibition of platelet aggregation in all clinical situations required.	Adults: For prevention of platelet aggregation it is recommended 1 tablet daily. If necessary, the dose could be modified. The tablets of Cardioaspirina should be chewed or swallowed with any kind of liquid.
100 mg tablets (Bayaspirina Prevent)	Against pain, fever, and swelling, against platelet aggregation. BAYASPIRINA Prevent soothes pains, lowers temperature and soothes symptoms that are associated to grippal state and accompanied by malaise and/or fever. It is indicated for the temporary relief of mild pains, headaches and fever due to cold, sore throat, and dentition. BAYASPIRINA Prevent is indicated in all cases where an effect against platelet aggregation is needed.	Adults: For prevention of platelet aggregation it is recommended 1 tablet daily. If necessary, the dose could be modified. The tablets of Bayaspirina Prevent should be chewed or swallowed with any kind of liquid. Children: Against pain, fever, and swelling...

<p>Belgium 100 mg e. c.</p>	<p><u>Prevention:</u> Secondary prevention after myocardial infarction, transient ischemic attacks (TIA) or other cerebral vascular incidents and Kawasaki-syndrome. Primary prevention of myocardial infarction in certain risk populations (serious familial atherosclerotic antecedents; diabetes mellitus; gout; hypertension; dyslipidaemia). While treating coronary risk factors, Cardioaspirine® is to be seen as an additive and not as an alternative medication in the global treatment.</p>	<p>In the cardio- and the cerebro-vascular indications, clinical studies have not yet demonstrated the optimal dosage and duration of therapy.</p> <ul style="list-style-type: none"> • In the treatment of myocardial infarction and unstable angina pectoris: (100 to 300 mg per day) 1 to 3 tablets spread over the day For acute myocardial infarction the first dose administered should lie between 300 mg and 600 mg (see also recommendations in the section (“Mode of administration”). • As primary prevention of myocardial infarction in patients with risk factors: 1 to 2 tablets per day • As secondary prevention of myocardial infarction (prevention of myocardial infarction recurrences), after TIA or another CVA: 1 to 2 tablets per day
<p>Belo Russia 100 mg e.c.</p>	<ul style="list-style-type: none"> • Unstable angina pectoris • In patients with suspected acute myocardial infarction • Prophylaxis of repeated myocardial infarction • Condition after vascular surgery (e.g. PTCA, CABG) • Prophylaxis of transient ischemic attacks and stroke in the period of initial symptoms • Prophylaxis of coronary thrombosis in patients with multiple risk factors 	

<p>Brazil</p> <p>100 + 300 mg</p> <p>e. c.</p>	<p>Inhibition of platelet aggregation:</p> <ul style="list-style-type: none"> - in unstable angina pectoris; - in acute myocardial infarction; - in reinfarction prophylaxis; - after vascular surgery or interventions (e. g. PTCA, CABG); - for the prevention of transient ischaemic attacks and cerebral infarction; - to prevent thrombosis of the coronary blood vessels in patients with multiple risk factors; - to prevent venous thrombosis and lung embolism. 	
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<p>Canada 81 mg e.c.</p>	<p>1. Professional labelling Aspirin is also indicated for the following uses, based on its platelet aggregation inhibitory properties:</p> <ul style="list-style-type: none"> • for reducing the risk of vascular mortality in patients with a suspected acute myocardial infarction; • for reducing the risk of morbidity and death in patients with unstable angina and in those with previous myocardial infarction; • for reducing the risk of transient ischemic attacks (TIA) and for secondary prevention of atherothrombotic cerebral infarction; • for prophylaxis of venous thromboembolism after total hip replacement; <p>for reduction of adhesive properties of platelets in patients following carotid endarterectomy to prevent recurrence of TIA and in hemodialysis patients with a silicone rubber arteriovenous cannula.</p> <p>For reducing the risk of a first non-fatal myocardial infarction in individuals deemed to be at sufficient risk of such an event by their physician”.</p> <ul style="list-style-type: none"> • There is no evidence for a reduction in the risk of first fatal myocardial infarction. Aspirin does not reduce the risk of either cardiovascular mortality or first strokes, fatal or non-fatal. • The decrease in the risk of first non-fatal myocardial infarction must be assessed against a much smaller but not insignificant increase in the risk of haemorrhagic stroke as well as gastrointestinal bleeding. 	<p>Platelet aggregation inhibitor</p> <p><u>Suspected Acute Myocardial infarction:</u> An initial dose of at least 160 - 162,5 mg chewed or crushed to ensure rapid absorption as soon as a myocardial infarction is suspected. The same dose should be given as maintenance over the next 30 days. After 30 days, consider further therapy based on dosage and administration for prevention of recurrent MI (see <u>Prior Myocardial Infarction</u>).</p> <p><u>Prior Myocardial Infarction or Unstable Angina Pectoris:</u> 80 - 325 mg daily according to the individual needs of the patient, as determined by the physician.</p> <p><u>Transient Ischemic Attack and Secondary Prevention of Atherothrombotic Cerebral Infarction:</u> 80 - 325 mg daily according tot the individual needs of the patient, as determined by the physician.</p>
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Canada ...	<p><u>2. Consumer labelling</u></p> <p>Coated Aspirin Daily Low can help save a life in two different situations - to help prevent a second heart attack or stroke, or when you suspect you are having a heart attack.</p> <p><u>Use during a heart attack</u></p> <p>If you think you are having a heart attack, you should immediately chew or crush 2 - 81 mg Coated Aspirin Daily Low Dose tablets and call an ambulance. It is important to chew or crush the product, to ensure this medicine quickly works. Then get to a hospital immediately for medical attention.</p> <p>Taking Coated Aspirin Daily Low Dose at the first signs and symptoms can reduce your risk of dying from the heart attack. The signs and symptoms of a heart attack include:</p> <ul style="list-style-type: none"> • uncomfortable pressure, fullness, squeezing or pain in the center of the chest that lasts more than a few minutes, or goes away quickly and comes back, • pain that spreads to the shoulders, neck or arms, • chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath. <p>At the hospital, the doctor will then recommend appropriate therapy.</p>	<p><u>Prophylaxis of Venous Thromboembolism after total hip replacement:</u></p> <p>650 mg twice a day (1,300 mg daily), started 1 day before surgery and continued for 14 days.</p> <p><u>For other platelet aggregation inhibitory uses:</u></p> <p>325 - 1300 mg daily, according to individual needs and generally accepted standards of care for each indication.</p>
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Use to prevent a second heart attack or stroke (daily therapy)

Your doctor may recommend you take Coated Aspirin Daily Low Dose daily to help prevent a second heart attack or stroke. After having experienced a first heart attack or stroke, you can be at increased risk of experiencing a second one. **You may also be at risk for heart disease and stroke because you may be overweight, a smoker, have an inactive lifestyle, high blood pressure, are under stress or have high blood cholesterol.**

Following your doctors instructions concerning the use of Coated Aspirin Daily Low Dose and the changes in diet, exercise and lifestyle he/she may have prescribed, will provide you with your best opportunity to avoid experiencing a second heart attack or stroke. Always contact you doctor if you experience any difficulties.

Chile 100 mg micro encaps.	Platelet aggregation inhibition, in acute myocardial infarction to prevent the thrombosis of the coronary blood vessels in patients with multiple risk factors.	
Colombia 100 mg e. c.	<ul style="list-style-type: none"> • Inhibition of platelet aggregation • in unstable angina pectoris • in acute myocardial infarction • in reinfarction prophylaxis • after vascular surgery or interventions (e.g. PTCA, CABG) • for the prevention of transient ischemic attacks (TIA) and cerebral infarction after the onset of precursor stages • to prevent thrombosis of the coronary blood vessels in patients with multiple risk factors • to prevent venous thrombosis and lung embolism • for long-term prophylaxis of migraine • for reducing the risk of first myocardial infarction in people with cardiovascular risk factors, elg. diabetes mellitus, hyperlipidemia, hypertension, obesity, smoking, old age. 	<ul style="list-style-type: none"> • In unstable angina pectoris, in reinfarction prophylaxis, after arterial surgery or interventions: Daily doses of 100 – 300 mg ASA are recommended. • In acute myocardial infarction: Daily doses of 100 – 160 mg ASA are recommended. • The first tablet should be chewed in order to achieve fast absorption. • For the prevention of transient ischemic attacks and cerebral infarction after the onset of precursor stages: Daily doses of 30 – 300 mg ASA are recommended. • For the prevention of thrombosis of the coronary blood vessels in patients with multiple risk factors: Doses of 100 – 200 mg/daily or 300 mg every other day are recommended. • For the prevention of venous thrombosis and lung embolism: Daily doses of 100 –1500 mg are recommended.
Denmark 100 mg e. c.	Prophylactic against arterial thrombosis.	Adults: 100 mg daily

<p>Ecuador</p> <p>100 mg e. c.</p>	<ul style="list-style-type: none"> • Inhibition of platelet aggregation • in unstable angina pectoris • in acute myocardial infarction • in reinfarction prophylaxis • after vascular surgery or interventions (e.g. PTCA, CABG) • for the prevention of transient ischemic attacks (TIA) and cerebral infarction after the onset of precursor stages • to prevent thrombosis of the coronary blood vessels in patients with multiple risk factors • to prevent venous thrombosis and lung embolism • for long-term prophylaxis of migraine • for reducing the risk of first myocardial infarction in people with cardiovascular risk factors, e.g. diabetes mellitus, hyperlipidemia, hypertension, obesity, smoking, old age. 	<ul style="list-style-type: none"> • In unstable angina pectoris, in reinfarction prophylaxis, after arterial surgery or interventions: Daily doses of 100 – 300 mg ASA are recommended. • In acute myocardial infarction: Daily doses of 100 – 160 mg ASA are recommended. • The first tablet should be chewed in order to achieve fast absorption. • For the prevention of transient ischemic attacks and cerebral infarction after the onset of precursor stages: Daily doses of 30 – 300 mg ASA are recommended. • For the prevention of thrombosis of the coronary blood vessels in patients with multiple risk factors: Doses of 100 – 200 mg/daily or 300 mg every other day are recommended. • For the prevention of venous thrombosis and lung embolism: Daily doses of 100 –1500 mg are recommended.
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<p>Georgia</p> <p>100 mg e. c.</p>	<ul style="list-style-type: none"> • Unstable angina pectoris • In patients with suspected acute myocardial infarction • Prophylaxis of repeated myocardial infarction • Condition after vascular surgery (e.g. PTCA, CABG) • Prophylaxis of transient ischemic attacks and stroke in the period of initial symptoms • Prophylaxis of coronary thrombosis in patients with multiple risk factors 	
<p>Greece</p> <p>100 mg e. c. / 300 mg e. c.</p>	<ul style="list-style-type: none"> • For the reduction of risks resulting from the reoccurrence of ischaemic thrombotic cerebral attacks in men. (In woman the reduction of these risks has not been confirmed). • Prophylaxis from reoccurrence of infarction. • Unstable angina. • Prophylaxis from coronary thrombotic attacks in multi-risk patients (i. e. hypertensive or hyperlipidaemic patients, in diabetes (i. e. hypertensive or hyperlipidaemic patients, in diabetes mellitus and in excessive smoking). • Prophylaxis from thrombosis (prevention of re-coagulation) after aortic-coronary by-pass and artificial arteriovenous inoculation in patients under haemodialysis. • Prevention of thrombosis after percutaneous transluminal coronary angioplasty (PTCA). 	<p><u>Prophylaxis from reoccurrence of ischaemic thrombotic cerebral attacks:</u> 160-325 mg daily depending on the condition of the patient.</p> <p><u>Prophylaxis from thrombosis and cardiac ailments:</u> Following a heart attack it is administered in doses of 150 mg/day for 1 month following the episode. After by-pass operation it is administered in doses of 75 -100 mg/day.</p>

<p>Italy 100 mg e. c.</p>	<p>Prevention of coronary thrombosis: after myocardial infarction, in patients with unstable angina pectoris, chronic stable angina and in patients with multiple risk factors (arterial hypertension, hypercholesterolaemia, obesity, diabetes mellitus and family history of ischaemic cardiopathy). Prevention of occlusive ischaemic events in patients with transitory ischaemic attacks (TIA) and after stroke. Prevention of reocclusion after aorto-coronary bypass, and in percutaneous transluminal coronary angioplasty (PTCA). Prevention of thrombosis during extracorporeal circulation in patients in haemodialysis and in Kawasaki's syndrome.</p>	<p>Unless otherwise prescribed, a dosage of 1 tablet (100mg) per day is recommended in a single administration.</p>
<p>Kazakhstan 100 mg e. c.</p>	<ul style="list-style-type: none"> • Unstable angina pectoris • In patients with suspected acute myocardial infarction • Prophylaxis of repeated myocardial infarction • Condition after vascular surgery (e.g. PTCA, CABG) • Prophylaxis of transient ischemic attacks and stroke in the period of initial symptoms • Prophylaxis of coronary thrombosis in patients with multiple risk factors 	<ul style="list-style-type: none"> •

<p>Korea 100 mg</p>	<ul style="list-style-type: none"> • Risk reduction of non-fatal myocardial infarction in patients with unstable angina, and risk reduction of transient ischemic attacks (TIAs) by the inhibitory action of platelet aggregation. • Prevention of reinfarction after primary myocardial infarction. • Inhibition of thromboembolism for the following cases: <ul style="list-style-type: none"> - Cerebral infarction - After coronary artery bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA) <p>Prevention of coronary thrombosis in patients with multiple risk factors (arterial hypertension, hypercholesterolaemia, obesity, diabetes mellitus and family history of ischaemic cardiopathy)</p>	<ul style="list-style-type: none"> • Risk reduction of non-fatal myocardial infarction in patients with unstable angina: 75-300 mg daily. • Risk reduction of transient ischemic attacks (TIAs): 30-300 mg daily. • Prevention of reinfarction after primary myocardial infarction: 300 mg daily. • Inhibition of thromboembolism for the following cases: <ul style="list-style-type: none"> - Cerebral infarction: 100 mg once a day, increase up to 300 mg according to patient's symptom - After coronary artery bypass grafting (CABG) or percutaneous transluminal coronary angioplasty (PTCA): 100 mg once a day, increase up to 300 mg according to patient's symptom. It is advised to use many times of the usual dosage in early treatment of patients received PTCA operation. <p>100 mg once a day</p>
<p>Mexico 100 mg micro- encapsulated</p>	<p>Antiplatelet effect. Useful in patients with high risk of deep venous thrombosis, pulmonary embolism and thrombophlebitis.</p> <p>Due to its antiplatelet effect is recommended to prevent an acute myocardial infarction in patients with high risk and is indicated to reduce the risk of ischaemic attack and stroke.</p>	

<p>Norway 100 mg e. c.</p>		<p><u>Thrombose prophylaxis in coronary vessels in patients with possible multiple risk factors:</u> 100-200 mg daily or 300 mg every second day is recommended</p>
<p>Peru 100 mg e. c.</p>	<p>Platelet anti-aggregant, analgesic and anti-inflammaory, ischemic attack prophylaxis, brain thromboembolism prophylaxis, recurrent brain thromboembolism prophylaxis, myocardial infarction prophylaxis, thromboembolism (prophylaxis) and treatment of Kawasaki's disease. Prevention of myocardial infarction recurrence, unstable angina, to maintain permeability after coronary angioplasty or peripheral vessel insufficiency caused by arteriosclerosis. To reduce the risk of myocardial infarction in people with cardiovascular risk factor, for example Diabetes mellitus, hyperlipidemia, hypertension, obesity, smokers and old-aged people</p>	
<p>Philippines 100 mg e. c.</p>	<p>For the prophylaxis of thromboembolic disorders in preventing myocardial infarction and transient ischaemic attack.</p>	

<p>Poland 100 mg e. c.</p>	<p>Inhibition of platelet aggregation:</p> <ul style="list-style-type: none"> - to prevent thrombosis of the coronary blood vessels in patients with multiple risk factors - to prevent venous thrombosis and lung embolism 	<p><u>For the prevention of thrombosis of the coronary blood vessels in patients with multiple risk factors:</u> 1 tablet 100 mg daily</p> <p><u>For the prevention of venous thrombosis and lung embolism:</u> 1-2 tablets 100 mg daily</p>
<p>Portugal 100 mg e. c.</p>	<p>Inhibition of platelet aggregation:</p> <ul style="list-style-type: none"> - in unstable angina pectoris - in acute myocardial infarction - in reinfarction prophylaxis - after vascular surgery of interventions (e.g. PTCA, CABG) - for the prevention of transient ischaemic attacks (TIA) and cerebral infarction after the onset of precursor stages - to prevent thrombosis of the coronary blood vessels in patients with multiple risk factors - to prevent venous thrombosis and lung embolism. <p>For long-term prophylaxis of migraine.</p>	<p><u>In unstable angina pectoris, in reinfarction prophylaxis, after arterial surgery or interventions:</u> Daily doses of 100-300 mg acetylsalicylic acid are recommended.</p> <p><u>In acute myocardial infarction:</u> Daily doses of 100-160 mg acetylsalicylic acid are recommended. The first tablet should be chewed in order to achieve fast absorption.</p> <p><u>For the prevention of transient ischaemic attacks and cerebral infarction after the onset of precursor stages:</u> Daily doses of 30-300 mg acetylsalicylic acid are recommended.</p> <p><u>For the prevention of thrombosis of the coronary blood vessels in patients with multiple risk factors:</u> Doses of 100-200 mg/daily or 300 mg every other day are recommended.</p> <p><u>For the prevention of venous thrombosis and lung embolism:</u> Daily doses of 1000 - 1500 mg are recommended.</p> <p><u>For prophylaxis of migraine:</u> Doses of 100-200 mg/daily or 300 mg every other day are recommended.</p>

<p>Russia 100 mg e. c.</p>	<ul style="list-style-type: none"> • Unstable angina pectoris • In patients with suspected acute myocardial infarction • Prophylaxis of repeated myocardial infarction • Condition after vascular surgery (e.g. PTCA, CABG) • Prophylaxis of transient ischemic attacks and stroke in the period of initial symptoms • Prophylaxis of coronary thrombosis in patients with multiple risk factors 	
<p>Slovenia protect 100</p>	<p>Aspirin protect 100 is used to inhibit platelet aggregation.</p> <ul style="list-style-type: none"> - In unstable angina pectoris - In acute myocardial infarction - In prevention of myocardial infarction relapse - After surgery or revascularization in/on arteries (e.g. PTCA, by-pass) - In prevention of transitory ischemic attacks (TIA) and strokes in symptomatic patients - In prevention of coronary heart disease in individuals, with several significant risk factors - In prevention of vein thrombosis and pulmonary embolism 	<p>In unstable angina pectoris, in prevention of myocardial infarction recurrence, after surgery or revascularization in/on arteries: 100 - 300 mg asa per day In acute myocardial infarction: 100 - 160 mg asa per day, You must chew the first tablet so that it is absorbed quickly. In prevention of transitory ischemic attacks and strokes in symptomatic patients: 30 - 300 mg asa per day. In prevention of coronary heart disease in individuals, with several significant risk factors: 100 - 200 mg per day or 300 mg every other day. In prevention of vein thrombosis and pulmonary embolism: 1000 - 1500 mg per day. In prevention of migraine: 100 - 200 mg per day or 300 mg every other day.</p>

Turkey	Coraspin 100 is indicated as antithrombotic; in the inflammation of superficial veins, non-stable angina pectoris and in patients at risk (hypertensive, hyperlipidemic and diabetic) for preventing coronary thrombosis ; for the prophylaxis of myocardial reinfarction; for preventing post operative thrombosis and embolism in cardiovascular surgery, particularly in aorto-coronary bypass and arteriovenous shunts; in transient ischemic attacks or for the prophylaxis of stroke.	For the prophylaxis of reinfarction and non-stable angina pectoris 1-3 x 1 tablet(s)/day For the prevention of the coronary thrombosis in patients at risk 1-2 x 1 tablet(s)/day For the prophylaxis of post-operative thrombosis 1x1 tablet/day For the prophylaxis of stroke , and transient ischemic attacks 1-3 x 1 tablet(s)/day
Ukraine 100 mg e. c.	<ul style="list-style-type: none"> • Unstable angina pectoris • In patients with suspected acute myocardial infarction • Prophylaxis of repeated myocardial infarction • Condition after vascular surgery (e.g. PTCA, CABG) • Prophylaxis of transient ischemic attacks and stroke in the period of initial symptoms • Prophylaxis of coronary thrombosis in patients with multiple risk factors 	
Uzbekistan 100 mg e. c.	<ul style="list-style-type: none"> • Unstable angina pectoris • In patients with suspected acute myocardial infarction • Prophylaxis of repeated myocardial infarction • Condition after vascular surgery (e.g. PTCA, CABG) • Prophylaxis of transient ischemic attacks and stroke in the period of initial symptoms • Prophylaxis of coronary thrombosis in patients with multiple risk factors 	
Venezuela	As a antiplatelet agent in the primary and secondary cardiovascular diseases prevention.	Adults: 1 tablet 81 mg / day