

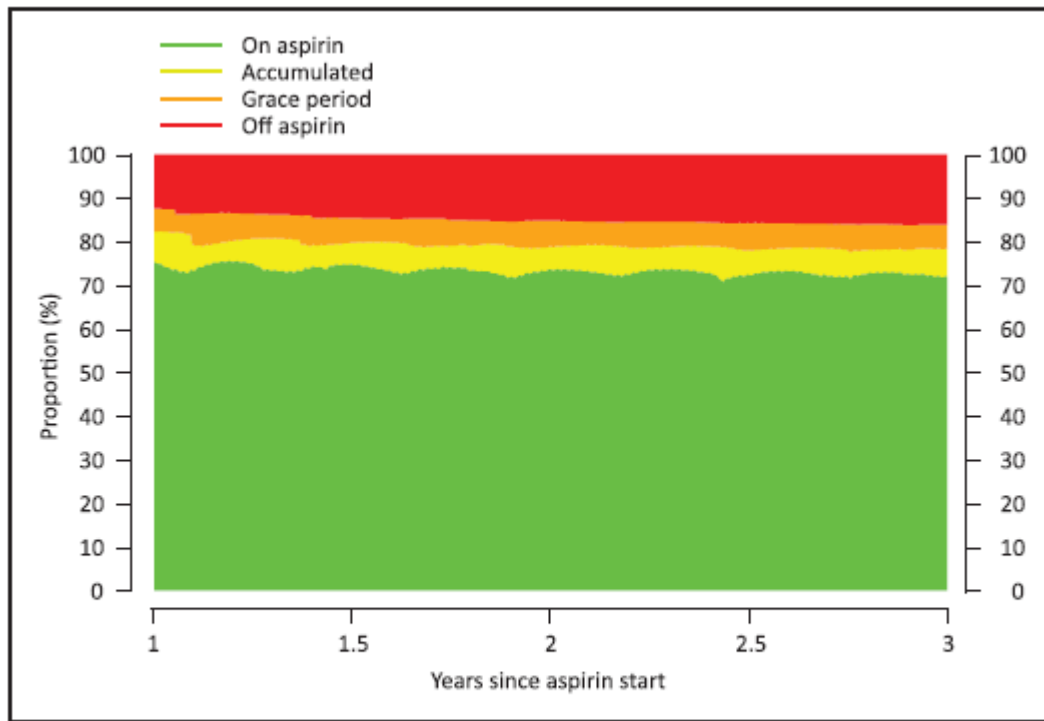
## ***Aspirin Treatment Persistence Patterns***

To record time on aspirin and off aspirin as accurately as possible, accounting for the fact that the exact time of discontinuation is uncertain, we constructed 4 time-updated aspirin persistence groups, between which patients could move freely over time during follow-up:

1. On aspirin: the nominal duration of each aspirin dispense.
2. Accumulated period: the time after the nominal duration of each aspirin dispense when the patient has tablets left over from previous dispenses in a consecutively dispensed period.
3. Grace period: from the end of the accumulated period plus 25% of the total duration on aspirin in the last consecutively dispensed period plus 20 days. This corresponds to 80% adherence with up to a week's gap between dispenses.
4. Off aspirin: from the end of the grace period.

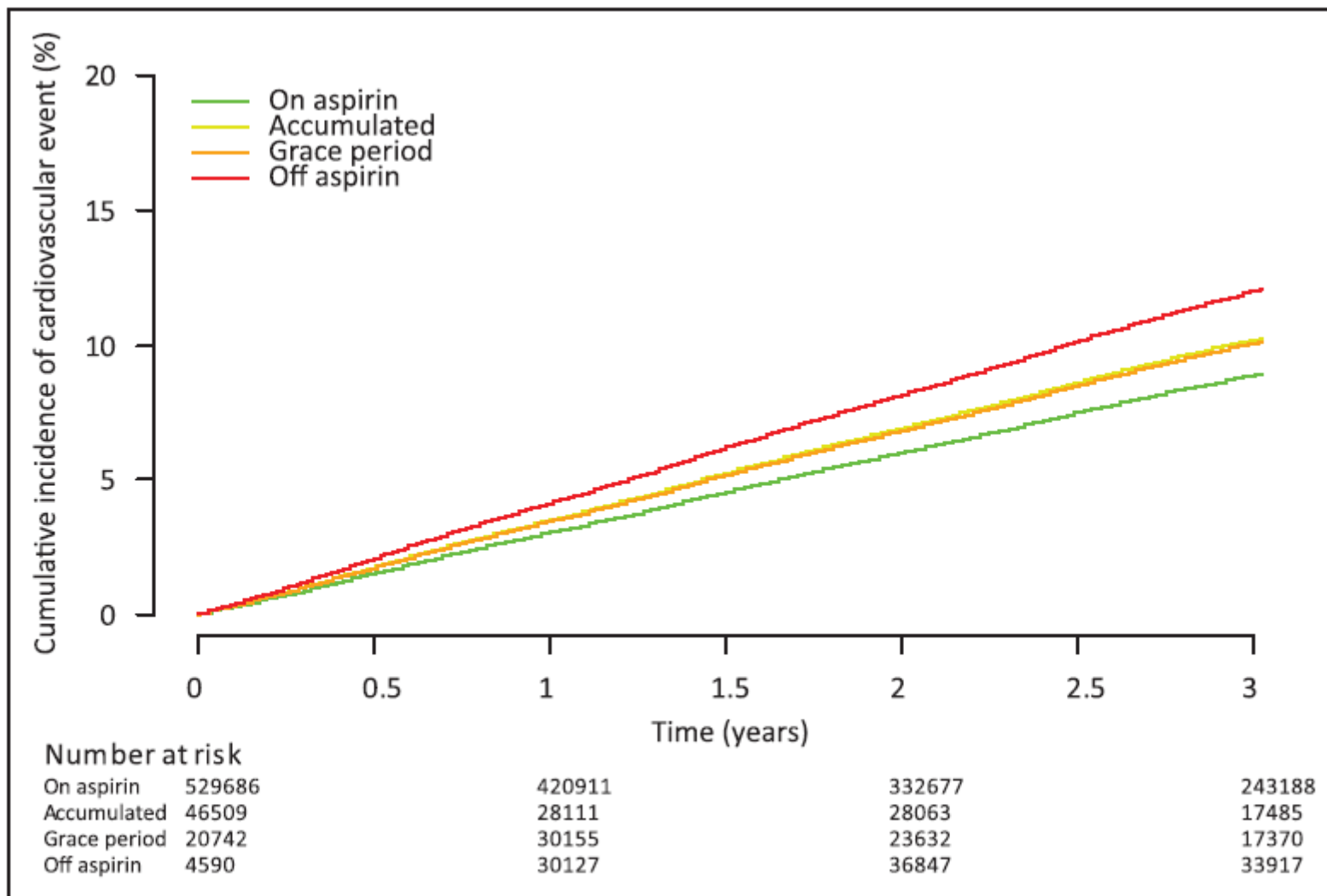
Although the hypothesis is answered with the use of groups 1 and 4, the other 2 groups are included for transparency. Persistence patterns were described for both aspirin-naïve patients and long-term aspirin users.

アスピリン服用の継続を4群に分けています。



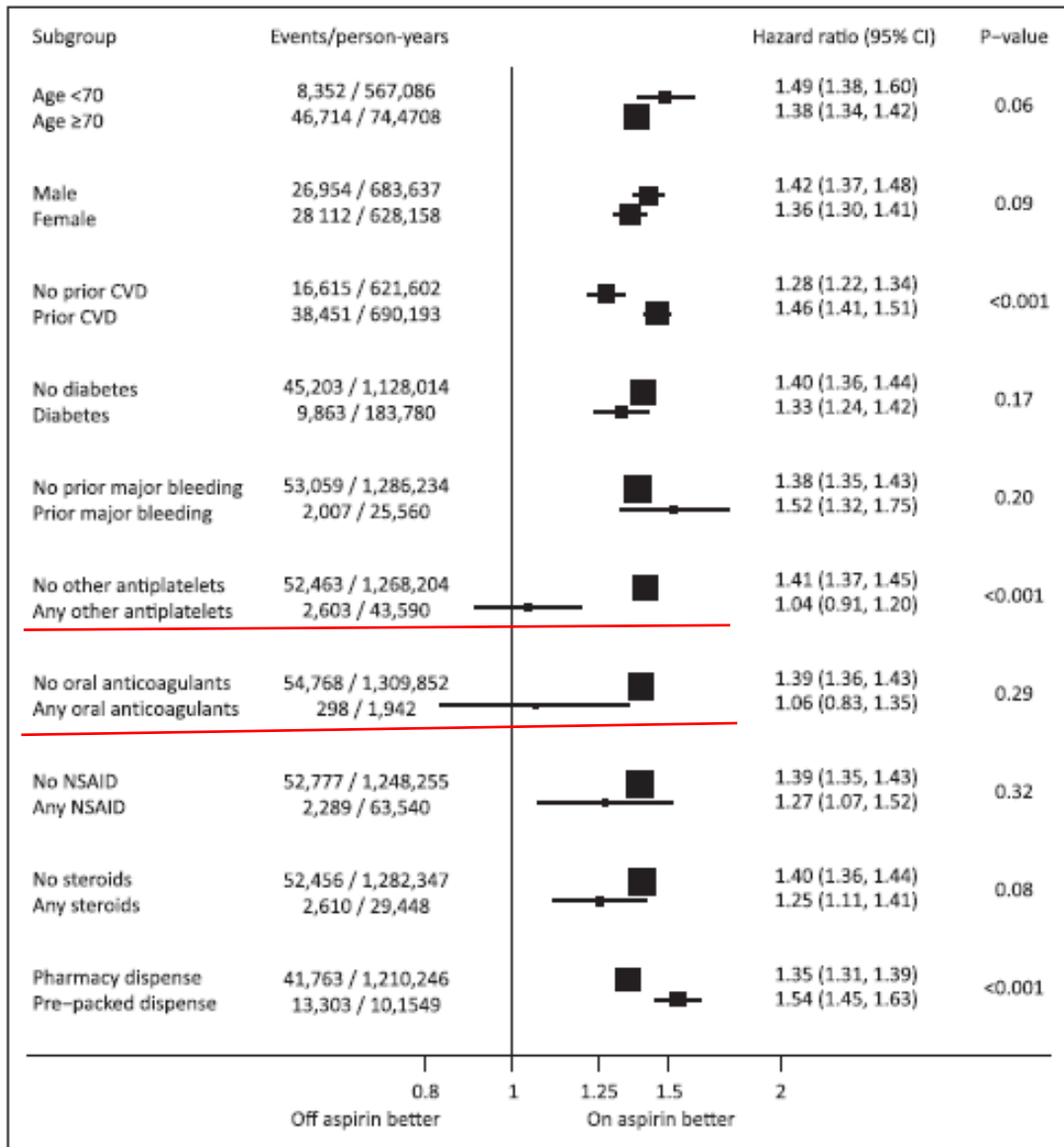
**Figure 2.** Persistence patterns in patients on stable long-term aspirin treatment (n=601 527).

服用の継続の経過です。



. Adjusted cumulative incidence of cardiovascular events.

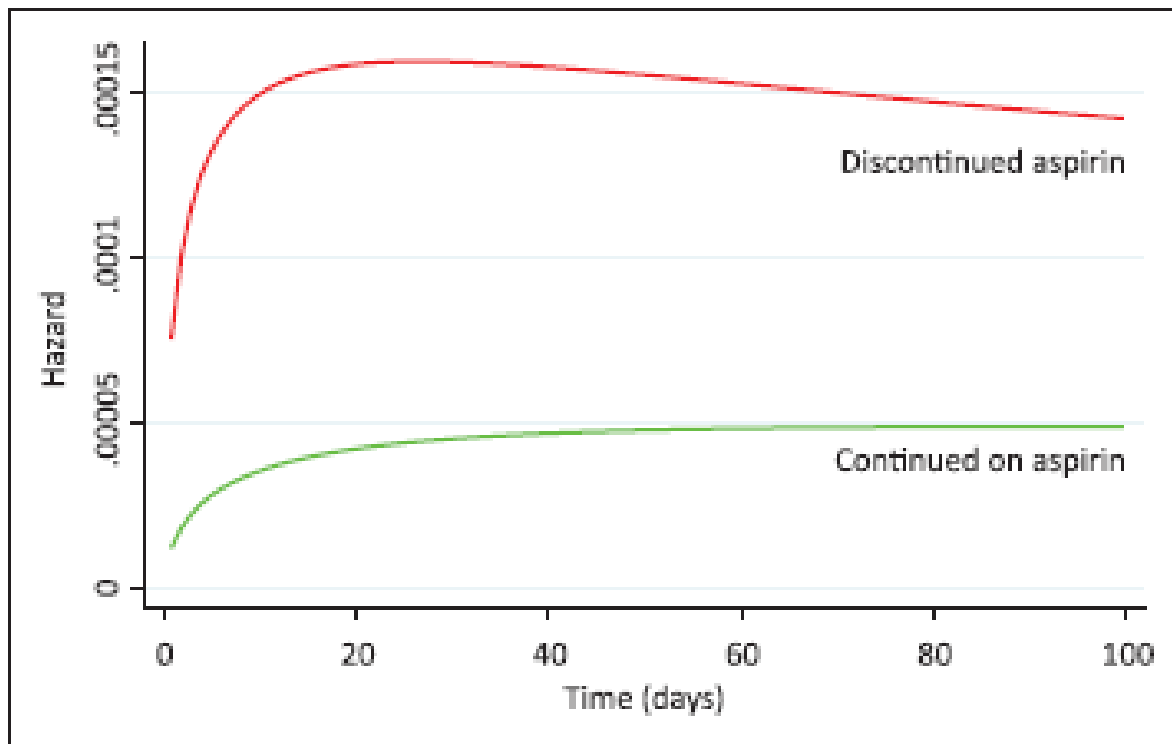
服用継続の必要性が分かります。



**Figure 4. Risk of cardiovascular events by aspirin persistence patterns in subgroups.**

*P* values are for multiplicative interactions of the subgroup factor with aspirin persistence pattern. CI indicates confidence interval; CVD, cardiovascular disease; and NSAID, nonsteroidal anti-inflammatory drug.

他の抗血小板薬や抗凝固薬を服用していてもアスピリンの中断のリスクを解消されていません。



**Figure 5.** Timing of cardiovascular events after aspirin discontinuation in patients who stopped (red line) vs continued (green line) taking aspirin after 4 timely aspirin dispenses.

アスピリンを中断すると短期間にそのリバウンドは生じます。