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Aspirin use increases risk of age-related eye disease

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Regular aspirin use increases risk of age-related eye disease

Singapore: Researchers at the Centre for Vision Research from the Westmead Millennium Institute for Medical Research (WMI), a close affiliate of the University of Sydney, have found that regular aspirin consumption is associated with an increased risk of neovascular age-related macular degeneration (AMD), a leading cause of blindness in older people.

The research shows that the risk appears to be independent of a history of smoking, which is also a known preventable risk factor for AMD.

Aspirin is one of the most widely used medications in the world with more than 100 billion tablets consumed each year. Aspirin is commonly used in the prevention of cardiovascular disease, such as myocardial infarction (heart attack) and ischemic stroke.

While a five-year European study published last year suggested that regular aspirin use (defined as once or more per week in the past year) was associated with AMD, other studies had reported inconsistent findings.

The study by the Centre for Vision Research's Dr Gerald Liew, and colleagues was conducted over a much longer period and found clear evidence of the risk.

They conducted a prospective analysis of data from an Australian study (the Blue Mountains Eye Study) that included four examinations during a 15-year period.

Of 2,389 participants, 257 individuals (10.8 percent) were regular aspirin users. After the 15-year follow-up, 63 individuals from the 2,389 participants developed incident neovascular AMD, according to the results.

"The cumulative incidence of neovascular AMD among nonregular aspirin users was 0.8 percent at five years, 1.6 percent at

10 years, and 3.7 percent at 15 years," said the director of WMI's Centre for Vision Research, Professor Paul Mitchell.

"Among regular aspirin users, the cumulative incidence was 1.9 percent at five years, 7 percent at 10 years and 9.3 percent at 15 years, respectively, indicating that regular aspirin use is significantly associated with an increased incidence of neovascular AMD. This increase was around 2.5-fold, after accounting for potentially confounding variables."

The report's authors note that any decision concerning whether to stop aspirin therapy is "complex and needs to be individualised."

"Currently, there is insufficient evidence to recommend changing clinical practice, except perhaps in patients with strong risk factors for neovascular AMD (eg existing late AMD in the fellow eye) in whom it may be appropriate to raise the potentially small risk of incident neovascular AMD with long-term aspirin therapy," the authors conclude.