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**SURVEY FINDS NEARLY HALF OF PEOPLE WITH DIABETES ARE NOT USING  
ASPIRIN TO REDUCE RISK OF HEART ATTACK AND RECURRENT STROKE**

**– Findings Highlight Need For Improved Doctor/ Patient Communication About Important  
Preventive Therapy –**

WASHINGTON, DC, Monday, November 21 – Survey results released today by the American College of Preventive Medicine (ACPM) found that nearly half (48%) of U.S. adults 40+ with diabetes are not utilizing aspirin therapy to reduce their risk of recurrent heart attack or stroke nor had they reported discussing such therapy with their healthcare provider<sup>1,3</sup> This population is at heightened risk of cardiovascular (CV) events, and therefore potential candidates for doctor-recommended aspirin therapy based on current American Diabetes Association and U.S. Preventive Services Task Force (USPSTF) guidelines. –The survey, which was conducted by Harris Interactive® in collaboration with the ACPM, was supported by an unrestricted educational grant from Bayer HealthCare, the makers of Bayer® Aspirin.

Heart attack and stroke are the most life-threatening consequences of diabetes, occurring more than twice as often among people with diabetes than in those who do not have the disease<sup>2</sup>, and accounting for approximately 65% of deaths in people with diabetes.<sup>3</sup> According to the American Diabetes Association (ADA), a diagnosis of diabetes as an adult presents a similar level of coronary heart disease (CHD) risk as already having suffered a heart attack.<sup>3</sup> The ADA recommends that aspirin be considered for use in the prevention of both first and recurrent CV events in patients with diabetes who have at least one additional risk factor.<sup>4</sup> Additionally, the USPSTF recommends the consideration of low-dose aspirin in people whose five-year CHD risk exceeds 3%, a point at which the benefits of aspirin therapy are thought to outweigh the risks; the USPSTF recommendations also note that patients with diabetes appear to benefit “as much or more from aspirin as nondiabetic patients.”<sup>5</sup> Despite these treatment guidelines, the ACPM survey suggests that aspirin remains underutilized in people with diabetes, an issue that may be due in part to these individuals’ tendency to underestimate their risk for a heart attack or stroke.

“The survey findings suggest that insufficient numbers of Americans with diabetes are aware of the cardio-protective benefits of aspirin,” commented George K. Anderson, MD, MPH, past president of the ACPM. Although the benefits of aspirin therapy have been proven to outweigh the risks in moderate to high risk populations, it is concerning that so many people with diabetes and at least one additional risk factor – a population that would stand to benefit from aspirin use – seem unaware of this fact,” said Dr. Anderson. “Clearly, health professionals and patients – especially patients with diabetes age 40 or older – need to work together more closely to improve dialogue regarding aspirin therapy as part of a risk-reduction action plan.”

It’s important to remember that aspirin is not appropriate for everyone, so be sure to talk to your doctor before you begin an aspirin regimen. If you are taking a prescription product for diabetes, it is especially important to talk to your doctor because aspirin can interfere with certain diabetes medications.

### **Survey Findings and Implications**

The results were drawn from a nationally representative on-line survey of 1,299 U.S. adult consumers (647 men, 652 women) age 40 and over and 528 healthcare professionals. The survey was designed to assess barriers, beliefs and behaviors related to adoption of cardiovascular event prevention strategies, with a particular focus on aspirin use and adherence.

Of the 1,299 survey respondents, 198 (approximately 15%) indicated that they have diabetes. Whereas 52% of respondents with diabetes reported that they take aspirin on a regular or daily basis, 11% said they had previously used aspirin for prevention of heart attack or stroke, and 45% said they had never taken aspirin for this purpose.<sup>1</sup> While nearly half of the diabetic respondents said they consider themselves “extremely knowledgeable” about aspirin therapy<sup>6</sup>, only 25% of the diabetic respondents said they strongly agree with the statement, “The benefits of aspirin therapy generally outweigh the risks.”<sup>7</sup>

The survey findings suggest that healthcare professionals believe they are discussing the risks and benefits of aspirin therapy with their patients with diabetes more frequently than patients report having this discussion with their healthcare provider. Although the survey did not explore the underlying reasons for patient behaviors, there was a significantly smaller percentage of diabetic respondents reporting aspirin use (52%), as compared with those reporting implementation of lifestyle changes (86%) and use of prescription medication (81%).<sup>1</sup>

“Although the survey did not quantify how often healthcare professionals recommended aspirin, or how many patients received this recommendation, the disparity in consumer and professional responses suggests that many candidates for aspirin need to understand their risk and take action by talking to their doctor about aspirin,” said Dr. Anderson. “While this is true for the population as a whole, the need for improved physician/patient communication surrounding aspirin is particularly pronounced for individuals with diabetes, given the heightened level of risk and suboptimal utilization in this patient group.”

### **Methodology**

Harris Interactive<sup>®</sup> conducted the online survey October 21-29, 2004 among a nationwide cross-section of 1,299 U.S. adults aged 40 and over. The data were weighted to be representative of the total U.S. adult population on the basis of region, age within gender, education, household income, race/ethnicity, and propensity to be online.

Participants were grouped as increased risk using a formula that is based in part on the Framingham Risk Calculator, a simplified measurement tool that assesses an individual’s risk profile based upon a series of factors, including age, gender, previous cardiovascular events, presence of risk factors such as high cholesterol, blood pressure or diabetes, obesity, and other contributors such as smoking and family history of heart disease.

The sampling error for the overall results is +/- 3 percentage points. Sampling errors for the sub-samples of men is +/- 4 percentage points, women is +/- 4 percentage points, adults who are at an increased risk for heart disease is +/- 4 percentage points, increased-risk men is +/- 5 percentage points, increased-risk women is +/- 7 percentage points, increased-risk women who have discussed their heart health with a healthcare professional is +/- 7 percentage points, and increased-risk adults who have not experienced a heart attack is +/- 4 percentage points. This online sample was not a probability sample.

Harris Interactive also conducted a companion survey online from October 21 through November 8, 2004, among 533 healthcare professionals, of whom 212 were primary care physicians, 210 were cardiologists, and 111 were nurses. The primary care physician and cardiologist data were weighted to be representative of their respective populations in the U.S. The nurse data are unweighted and are therefore only representative of the population of nurses surveyed. The

nursing database was provided by the Preventive Cardiovascular Nurses Association (PCNA), and consisted of PCNA members. The sampling error for the physician results is +/-7 percentage points and for the nurse results it is +/- 10 percentage points. This online sample is not a probability sample.

### **A Note on the Results**

Survey research, regardless of how it is conducted or whom it surveys, must often be interpreted with caution when analyzing the results. The following caveats apply to this survey. First, many of the questions asked of both the consumer and healthcare professional samples were framed in such a way as to measure whether a certain activity has “ever” been done or discussed. Follow-up questions were not included to quantify the frequency with which these actions are taken. Secondly, the risk calculation used to identify consumers who are at increased risk for heart disease is based solely on information gathered as part of this survey and does not include information from any other sources such as patient medical records. Third, in some cases, questions were worded such that “heart attack” and “stroke” were combined into one item rather than being asked about separately (e.g., a response choice for one question was worded as “preventing heart attack or stroke”). Therefore, it is not possible to determine how respondents would answer for each cardiac event separately.

### **About the American College of Preventive Medicine**

The American College of Preventive Medicine is the national medical specialty society representing physicians committed to health promotion and disease prevention. Founded in 1954, ACPM provides leadership in research, professional education, development of public policy, and enhancement of standards of preventive medicine. ACPM members include physicians Board-certified in Preventive Medicine and in other medical specialties who have a strong interest in health promotion and disease prevention. For more information about ACPM, visit [www.acpm.org](http://www.acpm.org).

### **About Bayer Consumer Care**

The Consumer Care Division of Bayer HealthCare LLC, is headquartered in Morristown, N.J. Bayer’s Consumer Care Division is among the largest marketers of over-the-counter medications and nutritional supplements in the world. Some of the most trusted and recognizable brands in the world today come from the Bayer portfolio of products. These include *Bayer Aspirin*<sup>®</sup>, *Aleve*<sup>®</sup>, *Alka-Seltzer Plus*<sup>®</sup>, *Bactine*<sup>®</sup>, *RID*<sup>®</sup>, *Phillips’ Milk of Magnesia*, *Midol*, *Alka-Seltzer*<sup>®</sup>, *One-A-Day*<sup>®</sup> and *Flintstones* vitamins.

Bayer HealthCare AG, a subsidiary of Bayer AG, is one of the world's leading, innovative companies in the health care and medical products industry. In 2004, the Bayer HealthCare subgroup generated sales amounting to some 8.5 billion Euro. The company combines the global activities of the divisions Animal Health, Biological Products, Consumer Care, Diabetes Care, Diagnostics and Pharmaceuticals. Bayer HealthCare employed 35,300 people worldwide in 2004. Bayer HealthCare's aim is to discover and manufacture innovative products that will improve human and animal health worldwide. The products enhance well-being and quality of life by diagnosing, preventing and treating disease.

### **About Harris Interactive®**

Harris Interactive Inc. ([www.harrisinteractive.com](http://www.harrisinteractive.com)), the 15<sup>th</sup> largest and fastest-growing market research firm in the world, is a Rochester, N.Y.-based global research company that blends premier strategic consulting with innovative and efficient methods of investigation, analysis and application. Known for *The Harris Poll*® and for pioneering Internet-based research methods, Harris Interactive conducts proprietary and public research to help its clients achieve clear, material and enduring results.

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<sup>1</sup> Harris Interactive report on AAAAA results, slide 105.

<sup>2</sup> American Diabetes Association. Diabetes and Cardiovascular (Heart) Disease. <<http://www.diabetes.org/diabetes-statistics/heart-disease.jsp>>

<sup>3</sup> American Diabetes Association. National Diabetes Fact Sheet. <<http://www.diabetes.org/diabetes-statistics/national-diabetes-fact-sheet.jsp>>

<sup>4</sup> American Diabetes Association. Aspirin therapy in diabetes. *Diabetes Care* 2004;27(suppl 1):S72-S73.

<sup>5</sup> Hayden M, Pignone M, Phillips C, Mulrow C. Aspirin for the primary prevention of cardiovascular events: a summary of the evidence. *Ann Intern Med* 2002;136:157-160.

<sup>6</sup> Harris Interactive, op. cit., slide 107.

<sup>7</sup> Ibid., slide 106.