

## The timing of aspirin administration in pregnancy is important to prevent preeclampsia



**TO THE EDITOR:** In a recently published article titled “Low-dose aspirin for preeclampsia prevention: efficacy by ethnicity and race” the authors concluded that treatment with a low dose of 60 mg aspirin per day at 13 to 26 weeks of pregnancy is not effective and that effectivity was only observed when the results were stratified according to the race and/or ethnicity of the patients.<sup>1</sup>

However, other studies have shown that the use of 100 mg of aspirin administered from 4 to 15 weeks of gestation and up to 36 weeks of gestation resulted in a significantly lower incidence of preeclampsia compared with the group of pregnant women who received a placebo ( $P=.03$ ).<sup>2</sup>

Similarly, the use of 75 mg of aspirin administered from 8 to 16 weeks of gestation and up to 36 weeks of gestation in primigravida women has been shown to significantly reduce the risk of preeclampsia in this group (relative risk, 0.22; 95% confidence interval, 0.05–0.99).<sup>3</sup>

Furthermore, it was shown that the administration of aspirin at a low dose of 60 mg daily, initiated between 13 and 28 weeks of gestation and continued up to 36 weeks of gestation, reduced the incidence of preeclampsia in this group to 3.48% compared with the group that was given a placebo, in which case the incidence was 23.52% ( $P<.001$ ).<sup>4</sup>

These studies may suggest that the use of aspirin at low doses has shown effectiveness as long as it is administered from the confirmation of pregnancy (first trimester) until week 36 of gestation, with the time of treatment onset being a determining factor of the effectivity to reduce the prevalence of preeclampsia. This is because during the first trimester of gestation the placenta develops and with the use of aspirin

(antiplatelet), the placental irrigation is improved, thereby reducing the incidence of preeclampsia, eclampsia, and HELLP syndrome.<sup>2</sup> ■

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