

EP07.14: A comparison of 150mg and 75mg aspirin for preventing preterm preeclampsia and its associated fetal growth restriction amongst women at risk in Abuja: A cohort study



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INTRODUCTION:

- Preeclampsia remains a leading cause of maternal and perinatal morbidity and mortality globally.
- Low dose Aspirin is recommended for women at increased risk of preeclampsia.
- Aspirin doses used in clinical practice vary, with 75mg and 150mg being commonly prescribed in Nigeria.
- Whether a higher dose provides additional benefit in preventing preterm preeclampsia and fetal growth restriction remains clinically relevant.

OBJECTIVE:

- To compare the efficacy of 150mg and 75mg doses of Aspirin in the preventing preterm preeclampsia and its associated FGR among women at increased risk of preeclampsia.

METHODS:

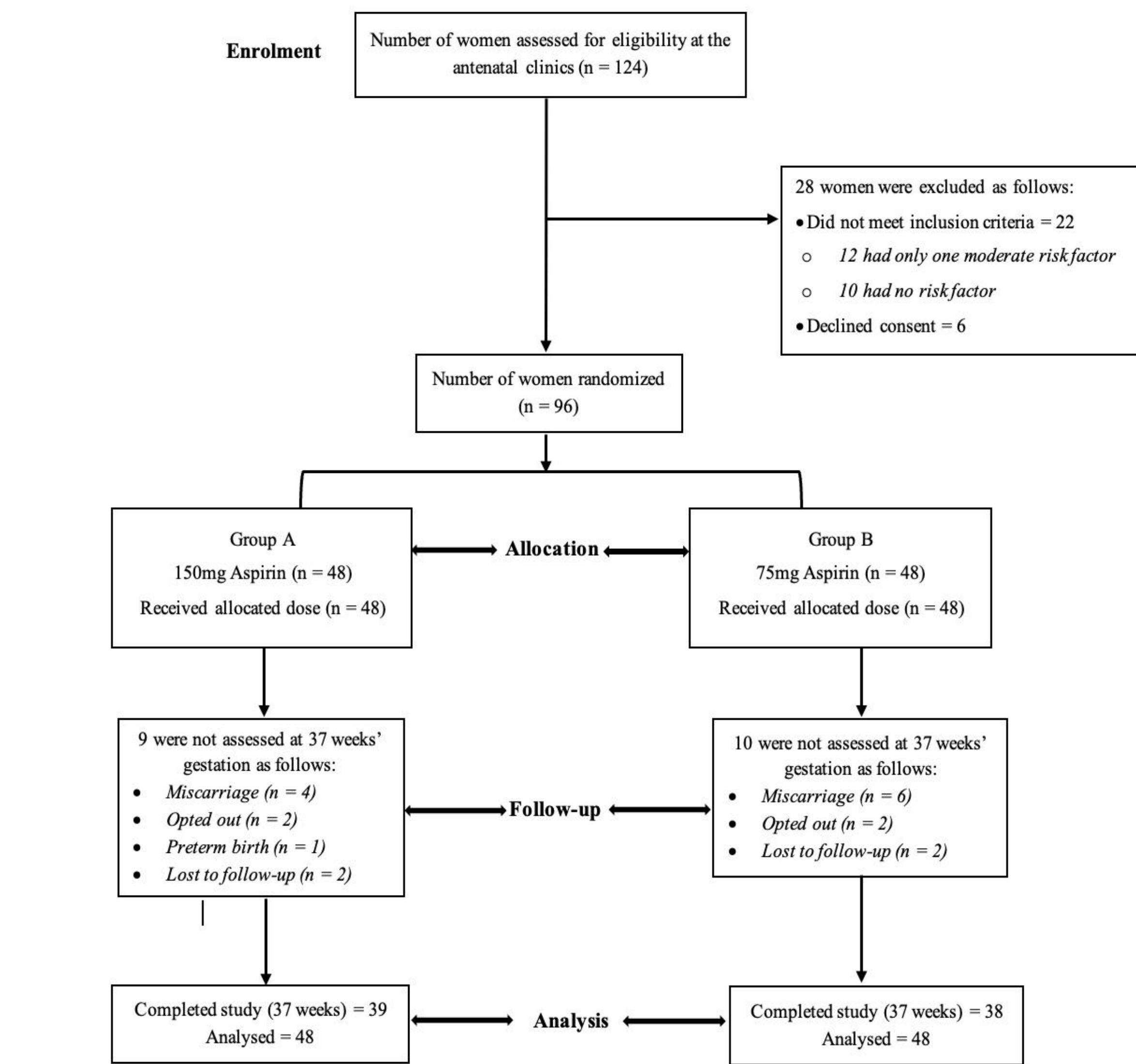


Fig. 1 Double-blind RCT |Computer generated randomization |n = 96| 11-16 weeks | Abuja | Follow-up to 37 weeks | IBM SPSS v27 | Intention-to-Treat |

RESULTS:

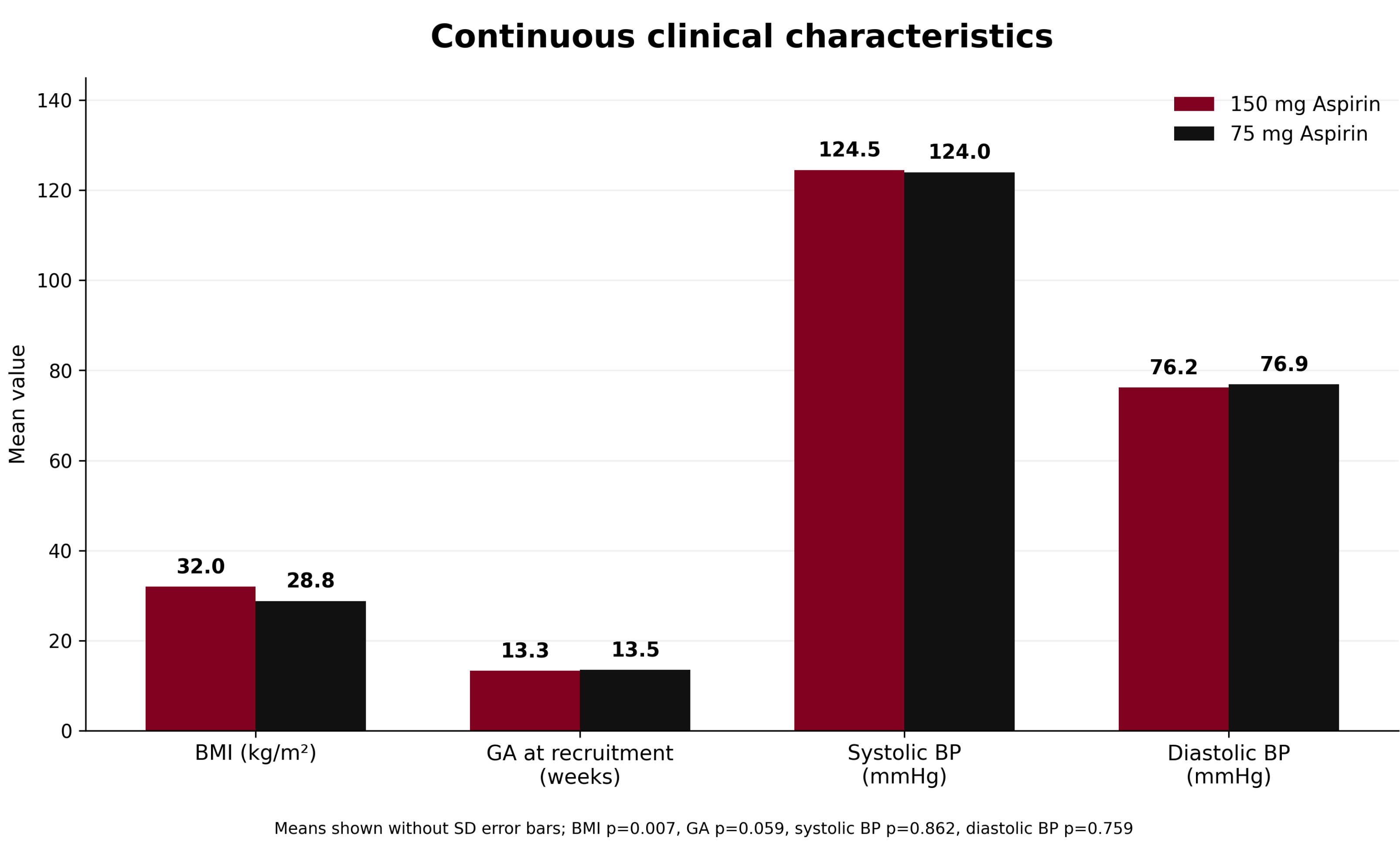


Fig. 2 Baseline characteristics of study participants in the two Aspirin groups.

CONCLUSION:

The efficacy of 150mg and 75mg aspirin is comparable in preventing preterm PE and its associated FGR. Key finding is the absence of early-onset PE and FGR among the participants. BMI and poor compliance should be considered as potential confounders in subsequent larger studies.

Table 1 Comparison of preterm preeclampsia (PE), PE-associated fetal growth restriction, preeclampsia severity, and mean gestational age at developing PE among study participants in the two groups.

Variables	150mg Aspirin (n = 48)	75mg Aspirin (n = 48)	Statistical test value	p-value
Preterm preeclampsia				
Yes	6 (12.5%)	5 (10.4%)	0.102 ²	0.749
No	42 (87.5%)	43 (89.6%)		
PE-associated FGR				
Yes	2 (33.3%)	2 (40.0%)	Fisher's exact	1.000
No	4 (66.7%)	3 (60.0%)		
Preeclampsia severity				
Without severe features	3 (50.0%)	3 (60.0%)	Fisher's exact	1.000
With severe features	3 (50.0%)	2 (40.0%)		
GA in weeks at PE diagnosis (mean±SD)				
Mean ± SD	35.2±1.0	35.2±1.1	0.053	0.959

FGR, fetal growth restriction; GA, gestational age; PE, preeclampsia; SD, standard deviation; t, independent t-test value; χ^2 , Chi square test value.

* No statistically significant difference between Aspirin groups

Table 2 Aspirin compliance and adverse events experienced by study participants in the two groups

Variable	150mg Aspirin (n = 48)	75mg Aspirin (n = 48)	χ^2 -value	p-value
Levels of Compliance				
Good	6 (12.5%)	7 (14.6%)	1.154	0.561
Moderate	19 (39.6%)	14 (29.2%)		
Poor	23 (47.9%)	27 (56.3%)		
Adverse events of Aspirin				
None	47 (97.9%)	46 (95.8%)	3.291	0.410
Epistaxis	0 (0.0%)	1 (2.1%)		
Haematochezia	1 (2.1%)	0 (0.0%)		
Spotting	0 (0.0%)	1 (2.1%)		

χ^2 , Chi square test value; p-values <0.05 were considered statistically significant.

* No statistically significant difference between Aspirin groups