



Important Information For You and Your Doctors About Low-Dose Aspirin Treatment and Progeria

Information for Families and Caretakers from The Progeria Research Foundation

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Why Low-Dose Aspirin in Children with Progeria?

Children with Hutchinson-Gilford Progeria Syndrome (HGPS) are at high risk for heart attacks and thrombotic strokes at any age. The earliest published incidence of stroke is at the age of 4 years (1). In several cases, seizures have been the presenting cerebrovascular events (2). Importantly, cerebral infarction may occur in the absence of cervical carotid artery disease or large-vessel intracranial occlusive disease, and may occur while the child exhibits a normal EKG (3).

Given the risk of thrombotic events, prevention of thrombosis should be *a* mainstay of treatment in children with progeria. *Low dose aspirin should strongly be considered for all children with HGPS at any age*, regardless of whether the child has exhibited overt cardiovascular abnormalities or abnormal lipid profiles. Low dose aspirin may help to prevent atherothrombotic events, including transient ischemic attacks (TIA) stroke and heart attacks, by inhibiting platelet aggregation.

What is the appropriate dosage and frequency in children with HGPS?

Dosage is determined by patient weight, and should be 3-5 mg/kg given once daily or every other day. This dosage will inhibit platelet aggregation but will not inhibit prostacyclin activity. It is usually quite well-tolerated with low risks.

Warnings

May rarely cause epigastric discomfort.

If excessive bleeding or bruising is detected, stop aspirin therapy and consult your physician.

Aspirin therapy will probably need to be discontinued 1 week prior to any surgery; consult your physician if any surgery is being planned.

If your child becomes ill with chickenpox, stop the aspirin therapy (see below).

Reye's Syndrome

There is a weak association between aspirin usage during varicella (chicken pox) infection and Fatty Liver With Encephalopathy (Reye's Syndrome) in children under 15 years of age. The risk of Reye's syndrome is extremely small compared to the potential benefits of low dose aspirin treatment, given the certainty of cardiovascular events in HGPS.

Questions? Please feel free to contact us:

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