using risk calculators, and knowing the estimated risk reductions of various interventions, health care professionals can have discussions with patients about specific benefits and harms of various interventions in the spirit of shared decision making.

Should we stop ASA in patients who have been using it for primary prevention for many years?

Ms Truong highlights a theoretical concern of provoking a hypercoagulable state when discontinuing ASA. To support this, she cites 3 sources: 1) a review article, 2) a retrospective case-control study in patients taking ASA for the secondary prevention of cardiovascular events, and 3) a rapid-response opinion to the second citation that did not provide any new information. In our own search of the literature, we could not find any credible information that suggested an increased risk of cardiovascular events in patients stopping ASA when it was being used for primary prevention. We believe this is very important to note, as we do not believe that clinicians should hesitate to stop ASA when there is no clear indication for its use.

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Competing interests
None declared

References

1. Truong C. Low-dose acetylsalicylic acid for primary prevention of cardiovascular disease. Do not misinterpret the recommendations. *Can Fam Physician* 2015;61:971-2 (Eng), 973-5 (Fr).
2. Baigent C, Blackwell L, Collins R, Emberson J, Godwin J, Peto R, et al. Aspirin in the primary and secondary prevention of vascular disease: collaborative meta-analysis of individual participant data from randomised trials. *Lancet* 2009;373(9678):1849-60.

Further discussion on mandatory CPD for opiate prescribing

I want to further discuss the topic of mandatory continuing professional development (CPD) for opioid prescribing, which was addressed by Dr Lemire in the November issue of *Canadian Family Physician*.[1] If opiate-prescribing CPD became a requirement, then the content and bias of the course becomes extremely important.

California passed a mandate that all physicians who see patients required CPD on pain control. It was sold mainly as a compassionate measure for dying patients who were indeed being inadequately treated, but chronic pain treatment was included and was, in truth, the real target of the CPD. The mandate had been lobbied for by the makers of slow-release opiates and was part of the wider consensus they had purchased that physicians were grossly underusing opiates for chronic pain patients. The mandated CPD produced the desired effect: an explosion in opiate prescribing, with the unintended consequence of an epidemic of deaths from prescription opiates that is ongoing to this day.

Our profession needs to take responsibility for the fact that our prescription pads have been the source, directly or indirectly, of thousands of Canadian deaths in the past 20 years. Our prescribing is the start for many of an opiate addiction that eventually leads to a life of crime, homelessness, or death.

Mandated CPD is a powerful tool, given our profession's deference to authority. Dr Lemire is right to question if the message of mandated CPD could swing the pendulum the other way. However, given good evidence that chronic opiate use can exacerbate chronic pain, I think the real danger is in a watered-down message that allows physicians to justify their current prescribing habits.

In such a case, mandatory CPD would be less than useless.

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Competing interests
None declared

Reference

1. Lemire F. Should CPD for opioid prescribing be mandatory? *Can Fam Physician* 2015;61:1016 (Eng), 1015 (Fr).

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