

How I prescribe NSAIDs in patients with a previous gastric ulcer

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In the USA, gastrointestinal complications caused by nonsteroidal anti-inflammatory drugs (NSAIDs) are thought to cause approximately the same number of deaths each year as HIV. Here, Jason Grant presents his approach to minimising peptic ulceration, perforation and haemorrhage.

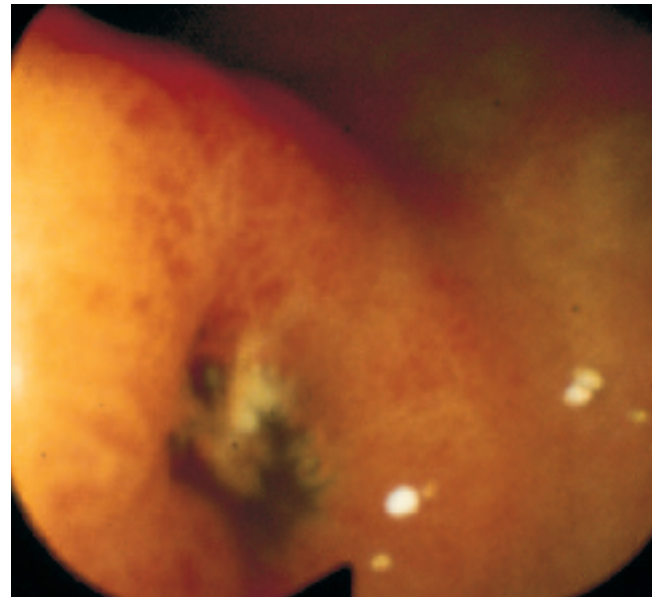
Remember

- A previous gastric ulcer doubles the risk of serious NSAID gastrototoxicity.
- In patients taking NSAIDs, most developing ulcers (but not all) are gastric.
- Older patients are at greater risk of an NSAID complication, especially beyond the age of 65 years.
- Concomitant oral corticosteroids, oral anticoagulants and cigarette smoking potentiate the toxic effects of NSAIDs.
- Some NSAIDs are more toxic than others. The safest drugs are short acting, low dose formulations: ibuprofen (ACT-3, Actiprofen, Brufen, Nurofen, Rafen, Tri-Profen) and diclofenac (Diclohexal, Dinac, Fenac, Voltaren).
- Omeprazole (Acimax, Losec, Maxor), 20 mg daily, reduces the risk of gastric ulcers and duodenal ulcers by 70% during continued NSAID use. Standard dose histamine H₂ blockers are not protective against gastric ulcers.

Assessment

- Identify the underlying condition and determine whether an NSAID is the most appropriate treatment.
- Consider the patient's age.
- Enquire about cigarette smoking and use of corticosteroids and anticoagulants.

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Figure. Gastric ulceration in a patient with rheumatoid arthritis treated with an NSAID.

- Assess for coexistent medical illness that may make the patient less tolerant of complications.
- Evaluate *Helicobacter pylori* status.
- Ensure that healing of gastric ulcers is documented and that malignancy has been excluded (usually by repeat endoscopy).

Management

- Consider alternatives to NSAIDs. Paracetamol (in appropriate doses), local corticosteroid injections and physical therapy may be useful and safe treatments.
- Eliminate any additional risk factors (cigarette smoking, corticosteroids and anticoagulants).
- Eradicate *H. pylori* (if present) before commencing any NSAID.
- If an NSAID must be used, use a low risk variety (ibuprofen or diclofenac) and the lowest dose necessary to achieve symptom relief.
- Use prophylactic treatment in conjunction with an NSAID. Proton pump inhibitors in standard doses are the most effective. Misoprostol (Cytotec, 400 to 800 µg/day) is slightly less effective, and causes nausea and diarrhoea in 10 to 15% of patients. Double-dose histamine H₂ blockers may also be used.
- Celecoxib (Celebrex), a selective COX-2 inhibitor, is an alternative option to standard therapy with an NSAID plus proton pump inhibitor. In limited American experience, gastrointestinal side effects of celecoxib have been similar to those of placebo.

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