

Editorial

Nonsteroidal Antiinflammatory Drug Gastropathy: We Started It, Why Don't We Stop It?

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The first step toward a cure is to know what the disease is. — Latin proverb

THIS AUTHOR NOTES, IN PART:

Three decades ago it was established that NSAIDs caused gastric ulcers, primarily in elderly women.

"NSAID gastropathy," is "often-silent gastric lesional iatrogenic disorder ranging from erosions to ulcer-crater disease, including asymptomatic gastric bleeds to perforations, specifically associated with chronic systemic NSAID therapy."

NSAID gastropathy is "especially dangerous when taking corticosteroids or anticoagulants."

NSAID gastropathy is an "alarming iatrogenic public health problem and the most common cause of drug related morbidity and mortality reported to the US Food and Drug Administration (FDA) and regulatory agencies worldwide."

Taking NSAIDs, including selective cyclooxygenase 2 inhibitors, (COX-2) increases myocardial infarction, stroke, renal dysfunction and even renal failure, clotting events, and possibly other end-organ complications.

"About 30% of all NSAID users experience epigastric symptoms and distress that are not necessarily associated with gastric ulcers or mucosal lesional disease, but frequently lead to costly medical visits, medications, studies, and even endoscopy."

The ubiquitous use of NSAID persists.

COX-2 prescriptions now approach \$3 billion a year in the United States alone, despite warnings of continuing toxicities.

"Ulcer bleeds continue to be reported by the FDA despite dominant use of selective COX-2 agents, and a major cohort study in an elderly population found a 10% increase in the hospitalization rate for GI bleeds compared to a period prior to exploding COX-2 use."

"Even low dose aspirin for cardioprotection increases the relative risk of bleeds and deaths."

Consumers do not recognize that OTC NSAIDs could have serious adverse effects.

Multiple NSAIDs or other potent drugs and even alcohol should not be taken together.

“Over 30 million consumers use OTC NSAIDs daily, over 16,000 people die and over 100,000 are hospitalized from side effects, with 2 to 3 times the risk of gastric bleeds without warning.”

“The elderly are still the most common chronic prescription users of systemic NSAIDs and are most vulnerable to serious NSAID gastropathy complications, with the overwhelming preponderance of reported silent ulcer bleeds and deaths.”

“Since NSAIDs have a limited ceiling for pain relief, opioids are more commonly used for more severe pain. Opioids are not end-organ toxic, but must be used with discretion and require monitoring to avoid abuse” [addiction].

“To therapeutically attack selective common osteoarthritic problems in higher risk patients with chronic systemic NSAID use may be compared to ‘carpet bombing,’ with the expected end-organ risks considered ‘collateral damage’.”

RECOMMENDATIONS BY AUTHOR INCLUDE:

- 1) Stop NSAID gastropathy and related complications by stopping (or at least minimizing) chronic systemic NSAID therapy (selective COX-2 or not).
- 2) Avoid NSAID in combination with anticoagulants, corticosteroids, or aspirin co-therapy.
- 3) Avoid or stop all NSAID in the at-risk population.

NSAID gastropathy is a disease specific to the effects of NSAID therapy itself.

“In our oath of Hippocrates we pledged not only to relieve pain and suffering, but also ‘to do no harm’.”

KEY POINTS FROM DAN MURPHY

- 1) It has been known for three decades that NSAIDs caused gastric ulcers and bleeding.
- 2) NSAID gastropathy, is often a silent gastric lesion that is an iatrogenic disorder associated with chronic systemic NSAID therapy.
- 3) NSAID gastropathy is “especially dangerous when taking corticosteroids or anticoagulants.”

- 4) NSAID gastropathy is an "alarming iatrogenic public health problem and the most common cause of drug related morbidity and mortality reported to the US Food and Drug Administration and regulatory agencies worldwide."
- 5) Taking NSAIDs, including selective cyclooxygenase 2 inhibitors, (COX-2) increases myocardial infarction, stroke, renal dysfunction and even renal failure, clotting events, and possibly other end-organ complications.
- 6) COX-2 prescriptions are about \$3 billion a year in the United States alone, despite warnings of continuing toxicities.
- 7) COX-2 drugs do not reduce the incidence of GI bleeds, and may even increase them. This is ironic because these drugs were originally marketed as a pain control product that would reduce GI bleeds.
- 8) "Even low dose aspirin for cardioprotection increases the relative risk of [GI] bleeds and deaths."
- 9) Consumers do not recognize that over-the-counter NSAIDs have serious adverse effects.
- 10) Multiple NSAIDs or other potent drugs and even alcohol should not be taken together.
- 11) "Over 30 million consumers use OTC NSAIDs daily, over 16,000 people die and over 100,000 are hospitalized from side effects, with 2 to 3 times the risk of gastric bleeds without warning."
- 12) "The elderly are still the most common chronic prescription users of systemic NSAIDs and are most vulnerable to serious NSAID gastropathy complications, with the overwhelming preponderance of reported silent ulcer bleeds and deaths."
- 13) "To therapeutically attack selective common osteoarthritic problems in higher risk patients with chronic systemic NSAID use may be compared to 'carpet bombing,' with the expected end-organ risks considered 'collateral damage'."
- 14) NSAIDs should not be consumed in combination with anticoagulants, corticosteroids, or aspirin co-therapy.
- 15) NSAIDs should be avoided or stopped in all at-risk patients.

[This is why we recommend omega-3 essential fatty acid supplementation, around 3,000 mg per day. See Article Review 20-06 by Joseph Maroon, MD: Omega-3 Fatty acids (fish oil) as an anti-inflammatory: an alternative to nonsteroidal anti-inflammatory drugs for discogenic pain; Surgical Neurology 65 (April 2006) 326– 331.