

CONNECT PROTECT²

Discussion Guide

Because of the widespread and growing use of NSAIDs by patients in a broad variety of medical practices, physicians, nurses and pharmacists should talk with patients about gastrointestinal (GI) risks and ways to reduce that risk.

Discussing the use of NSAIDs is recommended as a routine part of taking a patient's history and the following questions can be incorporated into any patient encounter:

- Have you been prescribed an NSAID by any other healthcare provider or are you taking OTC NSAID drugs?
- How often are you taking NSAIDs and at what doses?
- If you are taking an H2 antagonist or PPI, do you ever stop taking it for any length of time?

The following guidelines may also help guide patient discussions:

If you are prescribing an NSAID to your patient:

Inform them that the use of prescription dose NSAIDs is linked to an increased risk of serious gastric ulcers and to an increased risk of other GI side effects, including dyspepsia and heartburn.

If your patient is using OTC medications:

Recent research shows that patients often under-report the use of NSAIDs to their physicians. One of the reasons cited by patients is they do not consider NSAID use important enough to mention to their healthcare provider. Patients also may underestimate the potential risk of GI side effects.¹⁷

Once you have confirmed that a patient is on high-dose prescription or OTC NSAID therapy:

GI-protective co-therapy is one way to manage NSAID-associated GI toxicity. Other strategies include con-therapy with misoprostol, consideration of a COX-2 inhibitor or non-NSAID analgesics. If your patients are taking an antiplatelet agent or low-dose aspirin, treatment guidelines are established that strongly recommend the need for GI-protective co-therapy.¹⁸ However, if your patient is taking dual anti-platelet therapy (aspirin plus clopidogrel) recent studies have suggested that the concurrent use of PPIs and clopidogrel after acute coronary syndrome may be associated with an increased risk of adverse cardiac outcomes.¹⁹

The addition of a GI-protective co-therapy may reduce the risk for upper GI complications. Physicians may prescribe high doses of the H2 antagonists, like famotidine (Pepcid®)¹, a proton pump inhibitor (PPI), such as lansoprazole (Prevacid®)², esomeprazole (Nexium®)³, pantoprazole (Protonix®)⁴, misoprostol (Cytotec®)⁵ or COX-2 Inhibitors, like celecoxib (Celebrex®⁶), which is still considered a safe option for some patients. Recent data have shown that high dose H2 antagonists are associated with a reduction in the incidence of NSAID-induced ulcers.²⁰

Once on co-therapy, check for compliance:

The increased pill burden of co-therapy may result in patients becoming non-compliant with their regimen²¹. It is important to discuss with patients the need for compliance with their medication regimen to keep from placing themselves at risk.

References

1. Pepcid is a registered trademark of Johnson & Johnson and Merck Consumer Pharmaceuticals Co.
2. Prevacid is a registered trademark of Takeda Pharmaceuticals North America, Inc., and is used under license by Takeda Pharmaceuticals America, Inc.
3. Nexium is a registered trademark of AstraZeneca
4. Protonix is a registered trademark of Wyeth

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References (continued)

5. Cytotec is a registered trademark of Pfizer

6. Celebrex is a registered trademark of Pfizer

17. A study conducted by physicians at Eastern Virginia Medical School found that almost one in five patients who responded to a survey in a private GI practice noted use of an NSAID that had not been reported to nursing staff, including 8 percent who reported daily use. Twenty-two percent of respondents did not think the medications were important enough to list; 30 percent cited the fact that the drugs were not prescribed by a physician. This study reflects a common misperception that NSAIDs are insignificant or benign. <http://www.acg.gi.org/media/releases/2007am/NSAIDs%20Risks%20and%20Cost%20Benefits.pdf>

18. American Heart Association. *Circulation*. *Circulation* 2008;118;1894-1909; originally published online Oct 3, 2008; DOI: 10.1161/CIRCULATIONAHA.108.191087

19. P. Michael Ho; Thomas M. Maddox; Li Wang; et al. Risk of Adverse Outcomes Associated With Concomitant Use of Clopidogrel and Proton Pump Inhibitors Following Acute Coronary Syndrome Concomitant Use of Clopidogrel and Proton Pump

20. Goldstein JL, Howard KB, Walton SM, et al. Impact of adherence to concomitant gastroprotective therapy on nonsteroidal-related gastroduodenal ulcer complications. *Clin Gastroenterol Hepatol* 2006;4:1337-45

21. Goldstein J et al. Impact of Adherence to Concomitant Gastroprotective Therapy Non Nonsteroidal-Related Gastroduodenal Ulcer Complications. *CLINICAL GASTROENTEROLOGY AND HEPATOLOGY* 2006;4:1337-1345.