

## NSAIDs and GI safety

This is a summary; full learning at <https://medicinesafetyportal.blogspot.com/p/nsaids-introduction.html>

### Patients at risk

The serious gastrointestinal side effects of NSAIDs include ulceration and bleeding. Patients at higher risk of these problems include those:

- Over 65 years of age
- Taking high dose and/or long-term NSAIDs
- Taking medicines that increase the risk of GI bleeds (e.g. aspirin, anticoagulants)
- Who smoke or drink heavily
- With significant chronic illnesses such as cardiovascular disease or diabetes
- With a history of GI bleeding/ulceration, or who are *H. pylori* positive

### Reducing risk to patients

There are various methods to eliminate or reduce the likelihood of serious GI side effects in patients at risk. In most patients you'll use more than one of these strategies:

- **Don't use a NSAID**  
*e.g.* try physio, exercises/rest, paracetamol, opioids, gabapentin, topical capsaicin.
- **Choose a safer NSAID product**  
*e.g.* Topical NSAID, coxib, or ibuprofen at less than 1200mg – 1800mg per day.
- **Limit oral NSAID exposure**  
*e.g.* prescribe a short course, use low doses, don't use for longer than is necessary.
- **Make patients aware of risks**  
Patients can self-monitor for side effects, and know about other treatment options.
- **Review therapy regularly**  
Try to avoid repeat prescription; consider specialist referral for chronic recipients.
- **Co-prescribe a PPI**  
Consider for all patients at risk, especially those with RA, OA, chronic back pain.

### Other serious side effects

Prescribers should be aware that NSAIDs also have other significant side effects. For example these medicines can impair kidney function, and increase the likelihood of thrombotic events. Coxibs and diclofenac have a higher risk of adverse cardiovascular effects than other NSAIDs, while naproxen (1000mg per day or less) and ibuprofen (1200mg per day or less) have a lower risk.

