

Detailing Aid— Non- Steroidal Anti-Inflammatory Drugs (NSAIDs)



Prescribing considerations for patients prescribed NSAIDs

Based on National Prescribing Centre's three steps to 'NSAID heaven'¹

Step 1 -

Don't use them unless you have to

- The only way to avoid NSAID side effects is not to use them.
- Simple analgesia such as paracetamol works for many.
- Employ non-drug interventions routinely
- Consider topical NSAIDs ahead of oral NSAIDs for OA

Step 2 -

If you have to use them, use them wisely

- The balance of benefits and risks needs to be carefully assessed; think about CV, GI and renal issues routinely.
- Use a "safer" (i.e. less risky from a CV risk point of view) drug (ibuprofen, then naproxen) in the lowest effective dose for the shortest period.
- NSAID users should be a high priority for medication review - consider:
 - are NSAIDs effective / needed?
 - consider the use of drug holidays
 - don't issue repeat prescriptions without review

Step 3 -

Consider gastroprotection in those at high risk

- Gastroprotection should be considered for any patient requiring a long-term NSAID (particularly for patients over 45).
- Options are PPIs, (e.g. Lansoprazole 15mg once daily or Omeprazole 20mg once daily), or double-dose H2RAs
- Consider test and treat for H Pylori

Prescribing Choices

If considering a topical NSAID then ibuprofen 5% gel is an appropriate cost effective choice. If an oral NSAID is required prescribe Ibuprofen or Naproxen.

Gastro-Intestinal Risks

- All NSAIDs carry a risk of GI side effects.
- Risk increases with age, presence of comorbidities and the dose of NSAID.
- Coxibs have a lower GI risk than traditional NSAIDs;
 - ◇ Dyspepsia can still occur and may be as common as with traditional NSAIDs
 - ◇ Severe and sometimes fatal GI reactions can occur
 - ◇ Benefits are diminished when co-administered with aspirin
- Low-dose ibuprofen (400mg tds) has a lower GI risk than diclofenac and naproxen.
- Using a PPI significantly reduces the risk of serious GI adverse effects and dyspepsia with any NSAID (there is no good evidence that adding a PPI to a coxib is more beneficial than adding a PPI to a traditional NSAID)
- Risks are increased further if patient has concomitant H Pylori infection

Common Interactions

Avoid concomitant prescribing of NSAIDs in patients taking:

- | | |
|------------------------|-----------------|
| • Anticoagulants | • Aspirin |
| • SSRIs or Venlafaxine | • Sulfonylureas |
| • Ciclosporin | • Methotrexate |
| • Lithium | • Tacrolimus |

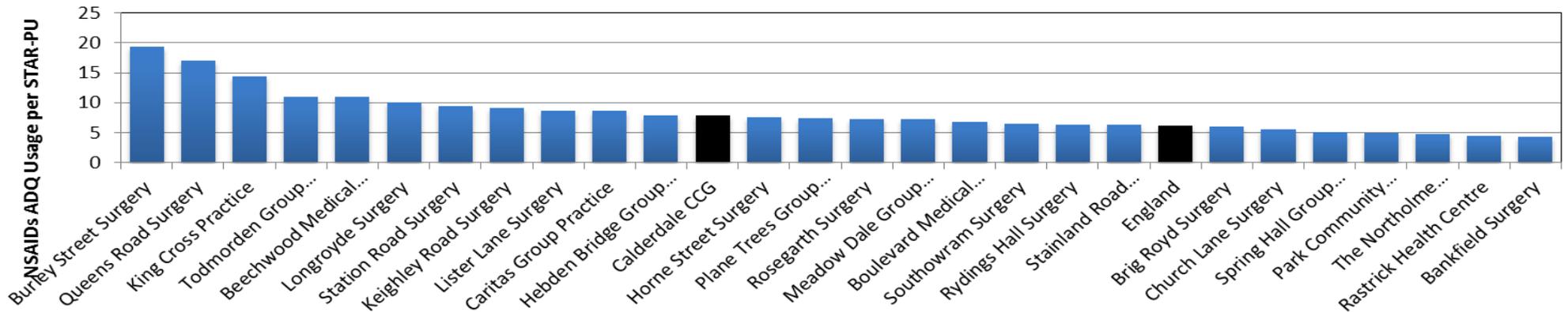
Where co-prescribing is necessary ensure appropriate monitoring is in place.

Caution should also be exercised in patients taking diuretics, ACE inhibitors/Angiotensin-II receptor antagonists due to an increased risk of renal failure.

See appendix 1 of the BNF for the full list of interactions.

Calderdale CCG Prescribing Data

Calderdale CCG - NSAIDs FY 13/14 ADQ Usage per STAR-PU



Cardiovascular Risks¹

- Coxibs cause a small increased absolute risk of thrombotic events compared with placebo;
 - ◇ The excess risk is estimated to be about 3 cases per 1000 users treated for 1 year on average.
 - ◇ This risk increases with dose and persists throughout treatment.
 - ◇ All coxibs are contraindicated for patients with established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease.
 - ◇ An increased risk with meloxicam and etodolac cannot be ruled out
- Diclofenac 150mg/d has a thrombotic risk profile similar to that of the coxibs. Approximately 2,000 additional or premature CV events could be caused by diclofenac prescribing in England each year.
- Ibuprofen 1200mg/d and naproxen 1000mg/d have a lower thrombotic risk.

Cardio-renal side-effects of NSAIDs and Coxibs appear similar and contribute to CV risk¹

- Heart failure: NSAIDs increase the risk of heart failure, particularly in patients with a history of this condition.
- Blood pressure: NSAIDs and coxibs might increase BP by a clinically significant amount, at least in treated hypertensives. Etoricoxib may be associated with more severe effects on BP than other drugs so careful monitoring is required
- Renal effects: NSAIDs and Coxibs increase the risk of renal events, particularly in older people and with increasing dose and duration of use.

Further Information

NICE Clinical Knowledge Summaries has a section covering prescribing issues with NSAIDs, see <http://cks.nice.org.uk/nsaids-prescribing-issues#topicsummary>
National Prescribing Centre Legacy Website has educational material covering this topic, see http://www.npc.nhs.uk/therapeutics/pain/musculoskeletal/less_than_sixty.php

Acknowledgement - This detail aid is adapted from West Hampshire Clinical Commissioning Group Medicines Optimisation Detail Aid¹