

## ACR PUBLISHES UPDATED GUIDELINES FOR NSAID USE IN PATIENTS WITH ARTHRITIS

---

The American College of Rheumatology published its recommendations for the prescribing of nonsteroidal anti-inflammatory drugs to treat patients with arthritis and other inflammatory musculoskeletal diseases in the Aug. 15 issue of the journal *Arthritis Care & Research*.

The ad hoc group that developed the white paper containing the recommendations relied on methodologically rigorous reviews supplemented with more recent literature.

According to the guidelines, patients who opt to use an NSAID for arthritis pain relief should be advised of the potential toxicities associated with NSAID therapy, and relevant monitoring should be performed, including complete blood cell count, renal function, liver function and blood pressure testing.

If patients do not respond to one agent, the guidelines suggest trying other agents since not all patients respond the same to a particular NSAID. For patients who are at low risk for toxicity, the lowest effective dose of the least expensive agent should be considered first-line because low doses are deemed safer and no compelling data exist that favor any specific agent in the absence of toxicity concerns.

Patients who take aspirin for cardioprotective benefits should avoid the use of selective and nonselective NSAIDs because the combination of aspirin plus NSAID therapy is associated with an elevated risk of gastrointestinal bleeding. For patients who choose to take the drugs concomitantly despite the risk, the guidelines recommend adding a proton pump inhibitor or misoprostol to the regimen.

Acetaminophen or naproxen can be used as a substitute for NSAID therapy for patients at moderate to high risk of a future cardiovascular event who take low-dose aspirin for cardioprotection. The guidelines caution, however, that naproxen can also impart cardiovascular risk when used intermittently or at low doses that do not inhibit platelet aggregation. These patients should also avoid continuous use of ibuprofen, as there is a potential drug-drug interaction between aspirin and ibuprofen—and perhaps other nonselective NSAIDs—that reduces aspirin's cardioprotective benefit. Selective NSAIDs do not appear to have this same drug-drug interaction.

When NSAID therapy is prescribed for patients who are at risk for GI bleeding, concomitant use of misoprostol or a PPI can reduce the risk of bleeding events, according to the guidelines.

Patients with renal insufficiency should avoid NSAIDs—selective or nonselective—altogether. Patients with compromised liver function should be informed about the risk of liver function abnormalities with NSAID therapy and the potential, albeit rare, risk of severe hepatotoxicity. In addition, the use of diclofenac should be avoided in patients with liver disease.

The guidelines further recommend that treatment with nonselective NSAIDs should be avoided in patients who are fully anticoagulated with warfarin, heparin or other anticoagulants, as well as those who are thrombocytopenic, because of an increased risk of bleeding.