

# Ibuprofen puts high risk cardiac patients at risk

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Doctors who treat the painful condition of osteoarthritis in patients with increased cardiovascular risk need to be cautious. A team lead by researchers at Mount Sinai School of Medicine, are the first to study outcomes in high cardiovascular risk patients with osteoarthritis. The researchers compared combination treatments of low-dose aspirin with the drugs ibuprofen, naproxen and the cox-2 inhibitor lumiracoxib.

They have found that high cardiovascular risk patients taking ibuprofen and aspirin combined are nine times more likely suffer a heart attack. This new study, published in *Annals of the Rheumatic Diseases*, suggests that ibuprofen interferes with the blood thinning properties of aspirin in patients at high risk for cardiovascular disease.

Past evidence suggests that both selective cox-2 inhibitors and non-selective non-steroidal anti-inflammatory drugs or NSAIDs increase the risk of cardiovascular events. However, research has been lacking in the high cardiovascular risk population of patients taking aspirin, in-combination with these pain medicines used for osteoarthritis. Mount Sinai researchers are among the first to study this area and have found that the common painkiller ibuprofen used for osteoarthritis, may boost the likelihood of heart problems in high cardiovascular risk patients who are already taking aspirin.

"Ibuprofen has a significantly higher rate of major cardiovascular events, mostly heart attacks, when compared to a COX-2 inhibitor," said Dr. Michael E. Farkouh, M.D., of Mount Sinai Heart, lead investigator of

Therapeutic Arthritis Research and Gastrointestinal Event Trial – High Risk (TARGET- HR) and Associate Professor of Medicine and Cardiology at Mount Sinai School of Medicine. "The findings underscore the importance of not only considering the class of NSAIDs used in high risk cardiac patients with osteoarthritis but also making physicians aware of the interaction of NSAIDs with aspirin, diminishing any beneficial effects."

The cardiovascular health of 18, 523 patients over 50 years age with osteoarthritis were compared by researchers in the TARGET trial. Patients were taking high doses of lumiracoxib (Cox-2 inhibitor), or either of the NSAIDs- ibuprofen or naproxen. In patients with osteoarthritis at high cardiovascular risk not taking low-dose aspirin treatment, the rate of heart attacks was higher for those on lumiracoxib than it was for patients on naproxen. It was no higher for patients on ibuprofen. However, in patients at high cardiovascular risk taking low dose aspirin, ibuprofen was associated with a higher incidence of cardiovascular events than lumiracoxib and naproxen. The findings show interference of ibuprofen on the effects of aspirin in high cardiovascular risk patients.

"This is the first randomized trial evidence to show risk of interaction between ibuprofen and aspirin to be real," said Dr. Farkouh. "Doctors should not give high risk cardiovascular patients ibuprofen for pain while they are taking aspirin for their heart. Cardiologists, rheumatologists and gastroenterologists need to work together to fully evaluate the evidence at hand to make proper recommendations to primary care physicians."

Source: The Mount Sinai Hospital

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