

Taking more than 1 anti-inflammatory drug may lead to complications

February 1 2008

Nonsteroidal anti-inflammatory drugs (NSAIDs) are used to treat arthritis, which affects one-third of all adults. These drugs are available in both prescription and over-the-counter (OTC) forms and are one of the most commonly prescribed medications in the world. Because of their widespread availability, patients may take both forms at the same time, either because of inadequate pain relief or because they are unaware that they are taking two drugs in the same therapeutic class. At the same time, health care providers may also be unaware that patients are taking more than one NSAID.

While it is well recognized that taking multiple NSAIDs can lead to gastrointestinal problems, it is not known whether there is a relationship between patients taking more than one NSAID and their health-related quality of life. A new study published in the February issue of *Arthritis Care & Research* found that taking two NSAIDs was associated with lower scores on a health-related quality of life assessment.

Led by Stacey H. Kovac of Durham VA Medical Center and Duke University, Durham, North Carolina, the study involved 138 patients from a large regional managed care organization who had filled at least one NSAID prescription between February and August 2002. Records of the prescriptions were captured from the pharmacy database and medical records. Participants also answered the 12-Item Short Form Health Survey, which evaluates health status and calculates a Physical Component Summary (PCS-12) and a Mental Component Summary.

The results showed that 26 percent of participants were dual users, meaning that they reported taking at least two NSAIDs (prescription, OTC, or both) during the previous month. Dual use was found to be associated with worse scores on the PCS-12 component of the health survey. The authors point out that little is known about patients who take multiple NSAIDs, whether prescription or OTC and that OTC use is difficult to track so few studies have evaluated it. The current study was able to include it by surveying patients via telephone. In addition, OTC medication is often not discussed during doctor visits, even though taking high doses of NSAIDs raises safety concerns. Physicians are advised to keep a complete list of a patient's medications and the authors note that doing so would help identify patients who are taking more than one NSAID. "The increased awareness may lead to better communication between the patient and provider about the appropriate use of NSAIDs," they state.

It may be that patients taking two NSAIDs sought pain relief due to inadequate clinical pain management, underscoring the need for health care professionals to be more aware of the importance of assessing and managing pain. Another possibility is that dual use could be an indicator for higher levels of pain. Although the study did not evaluate whether dual users were in greater pain, the authors suggest that research is needed on how to better educate patients to discuss their level of pain with their doctors and how to encourage health professions to question patients about their pain at each visit.

The authors note that future research should focus on establishing factors that cause dual NSAID use and evaluate the best methods of identifying patients taking two or more NSAIDs, who may be at a higher risk of adverse side effects due to the drugs. They conclude: "Adequate pain management may have the potential to reduce dual use, improve patient symptoms, including physical functioning, and reduce patient safety problems."

Source: Wiley-Blackwell

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