

More evidence arthritis/pain relieving drugs may contribute to stroke death

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Commonly prescribed, older drugs for arthritis and pain may increase the risk of death from stroke, according to a study published in the November 5, 2014, online issue of *Neurology*, the medical journal of the American Academy of Neurology. Stroke is the fourth leading cause of death in the United States, according to the Centers for Disease Control and Prevention.

The drugs examined in the study, called COX-2 inhibitors, include older drugs diclofenac, etodolac, nabumeton and meloxicam, as well as newer drugs called coxibs, including celecoxib and rofecoxib. COX-2 inhibitors are selective nonsteroidal anti-inflammatory drugs (NSAIDs). The study also looked at non-selective NSAIDs, which include common [pain relievers](#) such as ibuprofen and naproxen.

"While newer versions of these COX-2 inhibitors drugs have been pulled off shelves, older ones are still frequently prescribed," said study author Morten Schmidt, MD, of Aarhus University Hospital in Aarhus, Denmark. "Our study provides further important evidence solidifying the risks of certain arthritic pain relievers and death from stroke."

For the study, researchers looked at records of 100,243 people hospitalized for a first stroke in Denmark between 2004 and 2012 and deaths within one month after the stroke. Researchers looked at whether participants were current, former, or non-users of these drugs within two months of the stroke. If they were current users, researchers noted whether people were new users who had just started taking the [drug](#) for

the first time or were long-term users. They looked at newer generation COX-2 inhibitors, older generation COX-2 inhibitors, and non-selective NSAIDS.

Overall, people who were current users of COX-2 inhibitors were 19 percent more likely to die after stroke than people who did not take the drugs (10.4 percent versus 8.7 percent). New users of the older COX-2 drugs were 42 percent more likely to die from stroke than those who were not taking the drugs. Those taking etodolac were 53 percent more likely to die from stroke.

The researchers found no link between the non-selective NSAIDs and increased stroke death. Also, the study found no link between chronic use of any of the drugs and stroke mortality.

A total of 10,835 of the participants, or 11 percent, were NSAID users; 8,402, or 8 percent, were former users; and 80,806, or 81 percent, were non-users. Of the current NSAID users 51 percent used ibuprofen, 27 percent used diclofenac, 11 percent used etodolac, 3 percent naproxen, 1 percent celecoxib and 0.5 percent rofecoxib.

"Our study supports stepping up efforts to make sure people with a higher risk of [stroke](#) are not prescribed these medications when other options are available," said Schmidt.

Provided by American Academy of Neurology

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