NHS
Midlands and Lancashire
Commissioning Support Unit

Prescribing of Non-Steroidal Anti-Inflammatory Drugs in Patients at Significant Risk of Serious Gastro-intestinal (GI) Complications

Prescribing tip for information

When prescribing NSAIDs (including selective COX-2 inhibitors), risk factors for both GI complications and CV risk must be considered and may overlap. If possible, prescribers may consider an alternative to an NSAID e.g. a topical NSAID, paracetamol or physiotherapy.

If the clinician and patient agree that NSAID prescribing is still appropriate, the choice of whether to prescribe ibuprofen, naproxen or a COX-2 selective inhibitor can be made jointly by the prescriber and patient after considering the patient's individual risk factors.

Background

The five-year framework for GP contract reform to implement The NHS Long Term Plan was published in January 2019. One of the audit areas for improving prescribing safety detailed in the Quality Improvement section of this document is: '*safer use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients at significant risk of complications such as gastro-intestinal bleeding*'.

The contract document directs clinicians to the NICE Clinical Knowledge Summary (CKS) on NSAID prescribing which advises that non-steroidal anti-inflammatory drugs (NSAIDs) **must not be prescribed to people with:**

- active gastrointestinal (GI) bleeding, or active GI ulcer
- history of GI bleeding related to previous NSAID therapy, or history of GI perforation related to previous NSAID therapy
- history of recurrent GI haemorrhage (two or more distinct episodes), or history of recurrent GI ulceration (two or more distinct episodes).
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The CKS also advises that <u>for patients at high risk of GI events</u> i.e. if they have a history of previously complicated ulcer, or multiple (more than two) risk factors, including:

≥65 years; high dose of an NSAID; history of gastroduodenal ulcer, GI bleeding, or gastroduodenal perforation; concomitant use of medications that are known to increase the likelihood of upper GI adverse events; serious comorbidities e.g. CV disease, hepatic or renal impairment (including dehydration), diabetes, or hypertension; heavy smoking; excessive alcohol consumption; previous adverse reaction to NSAIDs; prolonged requirement for NSAIDs.

For patients at high risk of GI events a COX-2 selective NSAID (for example, etoricoxib, or celecoxib) plus a PPI, should be prescribed instead of a standard NSAID.

It should be noted, selective COX-2 inhibition presents a CV risk as the prothrombotic cascade is favoured. Therefore, the NICE CKS also recommends that **people with risk factors for CV disease or the elderly, in need of an NSAID, should be preferentially prescribed Ibuprofen up to 1200 mg per day or naproxen up to 1000 mg daily.**

To contact the Medicines Optimisation Team please phone 01772 214302