

Recommendations for Prescribing NSAIDs in Primary Care

By: MaineHealth CVH Program Staff
Jackie Cawley, DO
Cassandra Grantham, MA

A review article published in the December 15, 2009 issue of the *American Family Physician* guides providers on how to prescribe non-steroidal anti-inflammatory drugs (NSAIDs) in primary care practices.

Specific key clinical recommendations:¹

- Providers should consider prescribing PPIs, double-dose histamine H2 blockers or misoprostol with NSAIDs for persons who must take NSAIDs and have had an NSAID-associated ulcer. Celecoxib may also be used alone in these patients, but this drug should be avoided in patients at increased risk for myocardial infarction.
- Women who might become pregnant should not take misoprostol. Two systematic reviews describe the use of NSAIDs in this setting for the prevention of endoscopic ulcers. During the last six to eight weeks of pregnancy, NSAIDs should be avoided to prevent prolonged gestation; however most NSAIDs are likely safe in pregnancy.
- For prevention of acute renal failure, NSAIDs should be avoided whenever possible in patients with preexisting kidney disease, congestive heart failure, or cirrhosis.
- For patients at risk for renal failure, and in those taking angiotensin-converting enzyme inhibitors (ACEs), angiotensin receptor blockers (ARBs), providers should consider monitoring serum creatinine levels after prescribing treatment with NSAIDs.
- In patients taking anticoagulants, NSAIDs and aspirin should be avoided if possible. An increase in international normalized ration (INR) should be expected if concurrent use of NSAIDs and anticoagulants is required. These patients should have appropriate INR monitoring, dosage adjustments of warfarin, and GI prophylaxis.
- In breastfeeding women, ibuprofen, indomethacin and naproxen can be safely used.
- In patients with asthma, especially those with nasal polyps or recurrent sinusitis, NSAIDs and aspirin should be avoided.

Note on Cardiovascular Concerns:

In an accompanying editorial, Dr. Gunnar H. Gislason (Denmark) describes increased concerns regarding the cardiovascular safety profile of NSAIDs: “in persons with established cardiovascular disease... alternative pain treatment with lower cardiac risk (e.g., acetaminophen, weak opiates) should always be the first choice...In persons needing NSAID treatment, NSAIDs with the highest COX-1 selectivity (e.g., naproxen, ibuprofen, aspirin) should be preferred and used in the lowest dosages and for the shortest duration possible. For stronger analgesic effect, a combination with other types of analgesics should be considered.”² To supplement analgesic therapy, Dr. Gislason suggests considering nonpharmacologic treatment, including physiotherapy and physical exercise.³

Please click on the [complete recommendations](#) and [Dr. Gislason’s editorial](#) from *American Family Physician* for further review.

¹ Adapted from “Recommendations for Prescribing NSAIDs in the Primary Care Setting” by Lauren Barclay, MD in Medscape Medical News, December 28, 2009 by Dr. Mark Bouchard, Medical Director, MMC Family Medicine

² Barclay, Lauren, MD. “Recommendations for Prescribing NSAIDs in the Primary Care Setting,” Medscape Medical News, December 28, 2009.

³ Ibid.