



CV Effects

Celecoxib and the nonselective NSAIDs ibuprofen and diclofenac were associated with an increased risk of CV adverse effects when compared with placebo.

The nonselective NSAIDs ibuprofen and diclofenac, but not naproxen, were associated with an increased risk of heart attack when compared with placebo.

All NSAIDs had deleterious effects on blood pressure, edema, and kidney function. There were no consistent clinically relevant differences between celecoxib, partially selective NSAIDs, and nonselective NSAIDs in the risk of hypertension, heart failure, or impaired kidney function.

Comparing Dosage and Duration of Treatment

Higher doses of NSAIDs were associated with greater efficacy for some measures of pain relief but also with more adverse effects in some cases.

Higher doses of celecoxib increased the risk of CV adverse effects; however, there was no clear association between the duration of treatment and the risk of CV adverse effects.

Higher doses of nonselective NSAIDs increased the risk of GI bleeding; however, there was no clear association between the duration of treatment and the risk of GI bleeding.

Factors Affecting Outcomes

Demographic Subgroups

The absolute risk of serious GI and CV complications increased with age.

Evidence was insufficient to determine the comparative benefits and adverse effects of different selective and nonselective NSAIDs in men, women, or in different racial groups.

Pre-existing Disease

The risk of GI bleeding with NSAID use was higher for individuals who had previous bleeding than for those who had not.

Concomitant Medication Use

Concomitant use of low-dose aspirin with celecoxib or a nonselective NSAID increased the rate of endoscopic ulcers by about 6 percent.

Concomitant use of low-dose aspirin eliminated the GI benefits of selective NSAIDs, resulting in risks similar to those for nonselective NSAIDs. However, adding a PPI could reduce the risk of GI adverse effects associated with the use of either celecoxib or nonselective NSAIDs with aspirin.

Concomitant use of anticoagulants and nonselective NSAIDs increased the risk of GI bleeding three-fold to six-fold when compared with anticoagulant use without NSAIDs.

Adding an H-2 Antagonist, Misoprostol, or a

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