

NSAIDs versus NSAIDs

No di erence in e cacy in relieving osteoarthritic pain was f between celecoxib, the partially selective NSAIDs meloxicam etodolac, and nonselective NSAIDs

No di erence in e cacy was found among various nonselective  $\ensuremath{\mathsf{NSAIDs}}$  for the relief of osteoarthritic symptoms.

NSAIDs versus other agents

Acetaminophen was modestly inferior to NSAIDs in reducing osteoarthritic pain but was associated with less risk of GI adverse e than were NSAIDs.

No clear di erence was found between glucosamine\* and oral NSAIDs for pain or function. Evidence from a systematic review of higher quality trials sug(r)-3(ie)-8 318.23.(em)3(a)19((c)-

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V adverse e ects whe

## CV E ects

Celecoxib and the nonselective NSAIDs ibuprofen and diclofenac were associated with an increased risk of CV adverse e ects when compaplacebo.

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

All NSAIDs had deleterious e ects on blood pressure, edema, and kidney function. ere were no consistent clinically relevant di erences betweelecoxib, 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 e cacy for some measures of pain relief but also with more adverse e ects in some cases.

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

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

# Factors A ecting Outcomes

Demographic Subgroups

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

Evidence was insu cient to determine the comparative bene ts and adverse e ects of di erent selective and nonselective NSAIDs in momen or in di erent racial groups.

## Pre-existing Disease

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

## Concomitant Medication Use

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

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

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

Adding an H-2 Antagonist, Misoprostol, or a anti5(a)9(-8(v)8(erTc 0.02 Tw 8 0 0 8 69.1444 403.775 Tm <00)12(f CS1 cs 0 019)1274n)1301 gs /T1_1 1 Tf B0.0B Tc (
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