

SAND abstract No. 78 from the BEACH program 2004–05

Subject: NSAID & acid suppressant use in general practice patients

Organisation supporting this study: AstraZeneca Pty Ltd (Australia)

Issues: Proportion of patients taking non-specific non-steroidal anti-inflammatory drugs, COX-2 inhibitors or aspirin, the indications for their use, therapeutic regimen and duration of therapy; proportion also taking an acid suppressant medication, their therapeutic regimen and duration of therapy; proportion of patients on all NSAIDs with existing or pre-existing gastrointestinal disorders; the relationship of acid suppressant and NSAID use and the reason for that relationship.

Sample: 2,783 respondents from 96 GPs; data collection period: 07/12/04–17/01/05

Method: Detailed in the paper entitled 'SAND Method 2004–05' on the FMRC website: <http://www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results:

The age and sex distributions of respondents were similar to the distribution for all BEACH (general practice) encounters, with the majority (56.2%) of patients being female.

Three-quarters (75.8%) of the patients were not on any NSAID or aspirin medication. Eleven per cent were taking aspirin, 7.7% were taking a non-specific NSAID and 6.9% were taking a COX-2 inhibitor. Regimens combining two or more of the medications were uncommon (1.3% of patients).

Non-specific NSAIDs were most commonly (71.0%) used as necessary. However most (52.8%) patients had been taking them for over 12 months with 16.3% taking NSAIDs continuously for more than 12 months. Most (54.0%) COX-2 inhibitors were used continuously and 34.0% had been used continuously for over 12 months. Almost all (89.2%) patients reported in this study as taking aspirin were taking it continuously and most (82.1%) for more than 12 months.

A quarter (25.0%) of 144 patients were taking non-specific NSAIDs for various forms of arthritis while this was the indication for almost three quarters (70.8%) of the 127 patients taking COX-2 inhibitors. In contrast 9 out of 10 (90.2%) of 204 patients were on aspirin for preventive care.

About one third (31.5%) of NSAID patients had at least one gastrointestinal (GI) condition. The vast majority (27.8%) of these were GI symptoms with small numbers of peptic ulcers (3.4%) or GI bleeds (2.2%).

Almost a third of patients on NSAIDs were taking acid suppression medication (32.0%). The rate of acid suppression medication use was significantly higher for those on COX-2 inhibitors (40.9%, 95% CI: 33.0–48.8), than for those on non-specific NSAIDs (22.1%, 95% CI: 16.2–28.0) but not statistically different from the rate for patients on aspirin (34.2%, 95% CI: 27.6–40.8).

The most common acid suppression medication was a proton pump inhibitor (65.2% of listed medications) followed by H2RA inhibitors (17.8%) and antacids (17.0%). Acid suppressants were most commonly taken for treatment of GI symptoms with smaller numbers being taken for prevention of symptoms (16.0%). Almost a third (31.6) of acid suppressants were being taken for reasons unrelated to NSAID therapy.

Correspondence to: Graeme Miller, AGPSCC