

SAND abstract No. 88 from the BEACH program 2005–06

Subject: Arthritis rates and NSAID use in general practice patients

Organisation supporting this study: Pfizer Australia Pty Ltd

Issues: The proportion of general practice patients with arthritis; proportion of these that are on NSAIDs; current NSAID regimen and duration of use; proportion with dyspepsia and/or anaemia; therapy for dyspepsia and/or anaemia; proportion with other possible causes of anaemia.

Sample: 3,076 patient encounters with 104 GPs; data collection period: 12/07/2005 – 15/08/2005

Method: Detailed in the paper entitled 'SAND Method 2005–06 on this 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 (62.5%) of patients being female.

Of the 3,076 respondents 26.5%, (95% CI: 23.4–29.7) had diagnosed arthritis: 23.6% had osteoarthritis, 0.9% rheumatoid arthritis, and 2.7% 'other' arthritis. There was no difference in the prevalence of diagnosed arthritis among male and female patients.

Of the 816 arthritis patients, 807 reported NSAID status. Over 40% of these (43.9%, 95% CI: 39.4–48.3) used an NSAID for arthritis during the previous 12 months. The most commonly used were celecoxib (27.5%), meloxicam (23.8%) and diclofenac (20.3%).

The median reported prescribed daily dose (PDD) for celecoxib was 200 mg and for meloxicam was 15 mg. The mean duration of NSAID use was 20.8 weeks. Almost a third of patients (28.3%) were taking the NSAID medication continually rather than intermittently.

Of the 354 arthritis patients on NSAID during the previous year, 347 answered the question about dyspepsia. Of these, 156 (45.0%, 95% CI: 38.7–51.3) had dyspepsia over that 12 month period. However, the dyspepsia and the taking of NSAIDs were only linked in time for 73.3% of these patients. The rates of dyspepsia did not differ between arthritis patients taking Cox-2 inhibitors, meloxicam and other non-selective NSAIDs.

Of the 156 arthritis patients on NSAIDs with dyspepsia, 154 responded to the question on medication taken for the dyspepsia. More than four in five (81.8%) of these patients were taking a medication for dyspepsia, the most common being omeprazole, esomeprazole and pantoprazole. The median PDD for omeprazole and esomeprazole was 20.0 mg. The mean duration of dyspepsia medication use was 31.2 weeks. Two-thirds (65.6%) of patients on dyspepsia medication were taking the medication continually.

Only 26 arthritis patients on NSAIDs (representing 8.0% of the 326 respondents to this question, 95% CI: 4.6–11.4) had anaemia during the previous 12 months. Half of these were taking a medication for anaemia, the most common ferrous sulphate + folic acid (n=6). Of all 354 arthritis patients on NSAIDs, 13.3% had another chronic disease which may cause anaemia, 10.5% having a hiatus hernia, 0.9% being vegetarian and 0.3% pregnant.

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