

Use of Non-steroidal Anti-inflammatory Drugs (NSAIDs) and their Increased Risk on Gastrointestinal (GI) Bleeding

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I am writing to draw attention to the use of non-steroidal anti-inflammatory drugs (NSAIDs) and the increased risk they impose on gastrointestinal (GI) bleeding. NSAIDs are commonly used to manage pain and inflammation and are widely available over the counter. While they are effective for these purposes, they can also cause significant harm, particularly to the gastrointestinal system.

NSAIDs work by inhibiting the production of prostaglandins, which are chemical messengers that cause inflammation and pain. While this action is helpful for treating pain and inflammation, it can also interfere with the protective mechanisms of the GI tract, leading to damage and bleeding.¹ The risk of bleeding is particularly high in patients who take NSAIDs on a long-term basis or who take high doses of these drugs, furthermore a study has indicated that in recent years, over the counter use of NSAIDs has increased by 26% which is undisclosed to medical professionals.²

Many patients take these drugs without realizing the potential risks or without seeking medical advice. A study found that only 29.6% of patients who were prescribed NSAIDs were given education of the risks associated with these drugs.³ It is crucial for healthcare providers to educate patients about the risks associated with NSAIDs and to monitor them for signs of GI bleeding, particularly in high-risk patients. There is also a higher risk associated with the concurrent use of SSRIs and NSAIDs.⁴

Gastrointestinal bleeding is a serious complication of NSAID use, as it can lead to

hospitalization and even death due to the high mortality rate associated with its use.⁵ A retrospective study conducted in Pakistan found that the most common cause of upper gastrointestinal bleeding in our population other than infections and ulcers, was a 35% history of unmonitored NSAID use.⁶ These studies highlight the importance of understanding the risks associated with NSAID use, particularly in populations where these drugs are frequently used.

Several strategies have been proposed to reduce the risk of GI bleeding in patients taking NSAIDs. One approach is to use the lowest effective dose for the shortest possible duration.⁷ Another approach is to use alternative pain management strategies, such as physical therapy or non-pharmacological interventions but it is critical to note, that even though these therapies are available, they are underused by patients and physicians due to a lack of awareness.⁸ For patients who must take NSAIDs, the use of gastroprotective agents, such as proton pump inhibitors or misoprostol, may also be effective in reducing the risk of GI bleeding.⁹

In conclusion, the use of NSAIDs carries a significant risk of GI bleeding, and recent research has highlighted the further need for awareness of these risks. Healthcare providers should take steps to educate patients about the potential dangers of NSAIDs, particularly those taking high doses or using these drugs on a long-term basis. By working together, we can ensure that patients receive the best possible care while minimizing the risks associated with these drugs. It is essential to recognize the high prevalence of NSAID use in certain populations, such as Pakistan, and to develop targeted interventions to reduce the incidence of GI bleeding in these populations. By using this basis, we can further encourage the understanding and research on these drugs for the healthcare community.

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