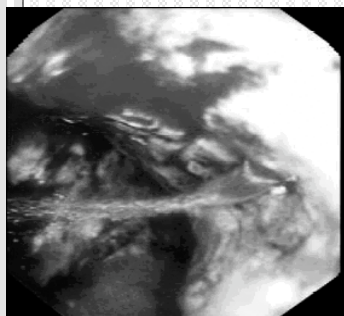


Ulcers & GI Bleeds: As the Stomach Turns

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Conflict of Interest Declaration

- No financial conflicts of interests to declare.

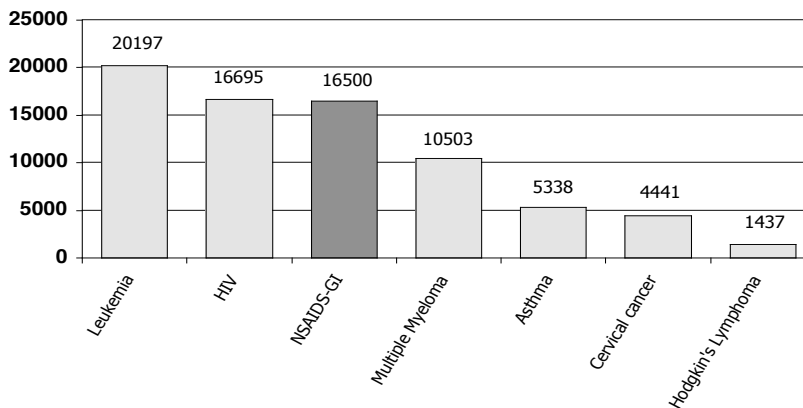
H.pylori issues

- All diagnosed *H.pylori* should be eradicated
- Eradication regimens
 - “Recommended”: OAC x 7d or OMC x 7d
 - “Endorsed”: OMA x 7d or BMT x 14d
- Bacterial resistance in Canada
 - Clarithromycin: <4%
 - Metronidazole: ~20%
 - Prior Metro or Clarithro exposure
- Confirm eradication if PUD hx or persistent sx
- 1-day eradication regimen? (Bi+Amox+Metro+PPI)
- FQ-based regimens?

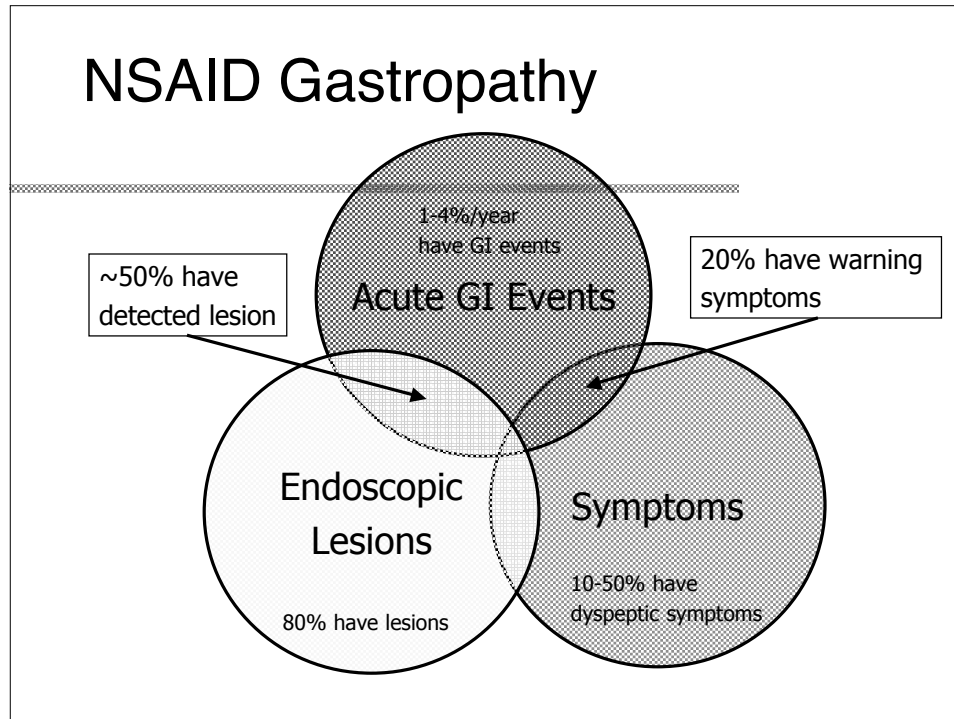
www.helicobactercanada.org

Cdn Consensus Guidelines. Can J Gastroenterol 1999;13:213-7

NSAID-Associated Deaths, USA 1997



ARAMIS estimate. National Center for Health Statistics, 1998



Risk factors for NSAID-induced gastropathy

Definite:

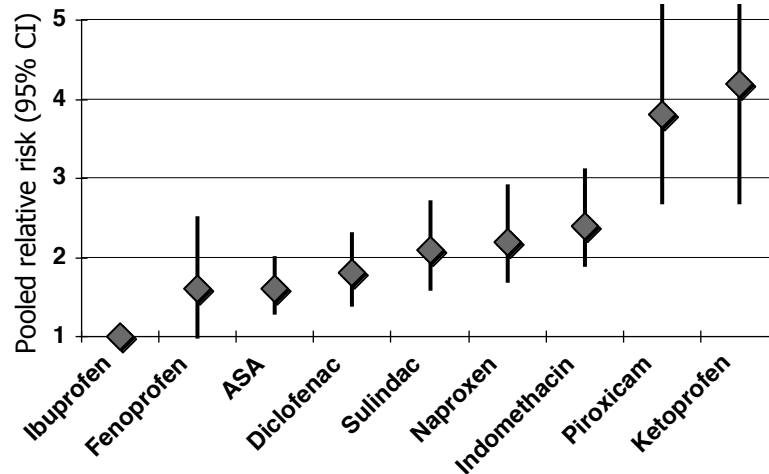
- Prior history of ulcer
- Dose & duration of NSAID therapy
- Multiple NSAIDs
- Concomitant warfarin or corticosteroid therapy
- Age > 60
- Serious systemic illness (CHF, RA, CAD, others)

Possible:

- Concomitant *H. pylori* infection
- Smoking
- Alcohol

Do NSAIDs differ?

Major GI complications



Henry et al. BMJ 1996;312:1563-1566

H.pylori & NSAIDs

H.pylori protective? Independent harm? Synergistic harm?

- Odds ratios for PUD: [vs. no NSAID + Hp(-)]
 - H.pylori positive only: 5.5
 - NSAID use only: 19.4
 - H.pylori + NSAID use: 62
- Eradication in *de-novo* NSAID users:
 - Symptomatic ulcers @ 6 mos: 12% vs. 34%
 - GI bleeds @ 6 mos: 4% vs. 27%
- Eradication in longstanding NSAID users?

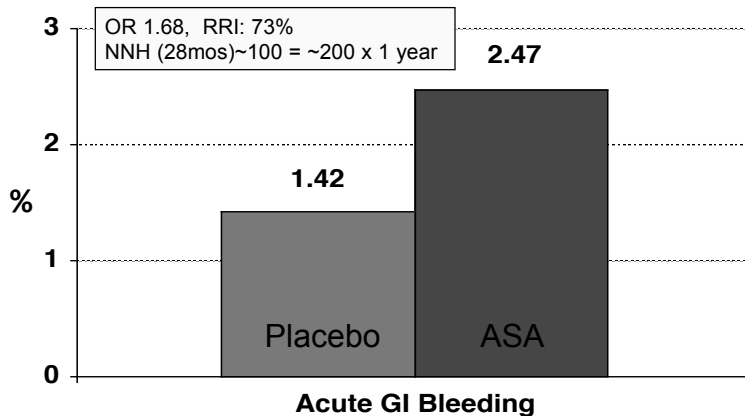
[Chan et al. Lancet 2002;359:9-13]

Huang et al. Lancet 2002;359:14-22

Ulcer/Bleed on NSAID?

- Omeprazole 20 or 40mg/d superior to placebo, ranitidine, and misoprostol 200 qid for preventing recurrent endoscopic lesions @ 6mos in NSAID users
[ASTRONAUT, OMNIUM]
- In H.pylori(+) patients, eradication inferior to omeprazole 20mg/d for recurrent bleeding @ 6mos (18.8% vs 4.4%).
[Chan et al. NEJM 2001;344:967-73]
- Eradication+PPI vs. PPI alone?
- Celecoxib vs. diclofenac+omeprazole following NSAID-associated AGIB in H.pylori (-) patients: equivalent for rebleeding @ 6mos (4.9 vs 6.4%)
[Chan et al. NEJM 2002;347:2104-10]

Does low-dose ASA cause Ulcers/Bleeds?



Derry & Loke. BMJ 2000;321:1183-7

Does ASA dose matter?

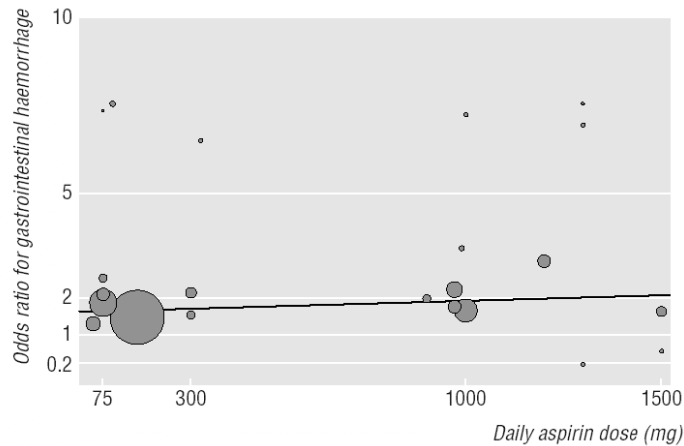


Fig 2 Meta-regression of Peto odds ratio for gastrointestinal haemorrhage against dose of aspirin (size of circle is proportional to size of trial)

Derry & Loke. BMJ 2000;321:1183-7

GI Bleed on ASA?

- In *H.pylori*(+) patients, eradication EQUIVALENT to omeprazole 20mg/d for recurrent bleeding @ 6mos (1.9% vs. 0.9%).
[Chan et al. NEJM 2001;344:967-73]
- In *H.pylori*(+) patients, eradication PLUS PPI superior to eradication alone for recurrent bleeding @ 12mos (14.8 vs. 1.6%)
[Chuen et al. NEJM 2002;346:2033-8]
- Almost all recurrences were of gastric ulcers
 - Eradicate if duodenal, PPI if gastric?

PL's Top 5 ways Prevent NSAID-associated ulcers/bleeds

- Don't use NSAIDs
- Choose the safest NSAID
- Encourage *intelligent noncompliance*
- Minimize dosage using co-analgesia
- Gastroprotection
 - H.pylori eradication?
 - Concurrent PPI therapy? Misoprostol? H2RA?
 - Select a COX-2 Inhibitor?