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156 - Proton-Pump Inhibitors Decrease the Risk of Bleeding and Perforated Gastroduodenal Ulcers Attributable to Non-Steroidal Anti-Inflammatory Drugs: A Nested Case-Control Study

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Presentation Number: 156

Purpose: To determine which patients are especially at risk for serious NSAID attributable gastroduodenal ulcers and to compare the effectiveness of different preventive strategies in these patients.

Methods: A case - control study was conducted in a large teaching hospital serving a population of 153,000 in Enschede, the Netherlands. Participants were patients hospitalized with serious NSAID attributable ulcers between 1 November 2001 and 31 December 2003 and up to 4 controls per case, matched for age, sex and index date, retrieved from prescription registration databases of local community based pharmacies. Main outcome measures were Unadjusted and adjusted odds ratios for serious NSAID attributable gastroduodenal ulcers associated with selective COX-2 inhibitors, concomitant use of proton-pump inhibitors, high dose histamine-2 receptor antagonists or misoprostol.

Results: During the observational period 104 incident cases and 284 matched controls were identified. Typical cases are elderly women with serious, especially cardiovascular, co-morbidity. Mortality due to serious NSAID ulcers is 14.4% within 3 months of the diagnosis. The use of proton-pump inhibitors was significantly higher in the controls than in the cases (27.1% and 13.5% respectively; P 0.004). Use of selective cyclooxygenase-2 inhibitors was comparable in both groups (cases 16.4% and controls 17.6%; P 0.77). Concomitant use of proton-pump inhibitors significantly reduced the risk of serious NSAID ulcers; adjusted odds ratio of 0.33 (95% CI 0.17 to 0.67; P 0.002).

Conclusion: (1) At risk for serious NSAID attributable gastroduodenal ulcers are especially elderly patients with cardiovascular co-morbidity. Mortality in these patients is high. (2) Concomitant use of proton-pump inhibitors reduces the risk for serious gastroduodenal ulcers by 66%. (3) The use of selective COX-2 inhibitors does not reduce the risk in these patients.

H.E. Vonkeman, None.

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