

# [A are a common class of analgesic typically](https://assignbuster.com/a-are-a-common-class-of-analgesic-typically/)

A lot of older patients take NSAIDS chronically. Thereare a lot of adverse effects associated with chronic NSAID use including the risk of acute renal failure, stroke/myocardialinfarction, peptic ulcer disease, as well as worsening of other chronicdiseases including heart failure, hypertension. NSAIDs can also interact with anumber of drugs (warfarin, corticosteroids) ultimately increasinghospitalizations amongst the elderly population.

(4). Adverse drug events aremore likely to affect geriatric patients due to physiological changes occurringwith aging, from changes in renal function and metabolic changes. (3).

Non-steroidal anti-inflammatory drugs are a commonclass of analgesic typically used chronically for pain such as musculoskeletalpain including osteoarthritis. It is commonly used in the elderly population. Approximately 40% of peopleover 65 years of age fill one or more prescriptions of NSAIDS each year notincluding the over the counter NSAIDs. (5) The main risk factors for ADR admissions includes older age, comorbidity, polypharmacy, and potentially inappropriate medications. (7). Onestudy emphasized on the need for an ADR events prediction tool to identify patientswho are high-risk (elderly population) thus target appropriate mediations in orderto prevent Adverse drug related hospital admissions. Study further emphasizedon the role of primary care doctors and pharmacists in the communities inidentifying patient at risk for ADR. (7).

There are currently no validatedtools to assess the risk of ADRs in primary care. According to a systematic review and meta-analysis that was performedthrough a computerized search of main databases, between 1988 to 2015, addressing adverse drug reaction-induced hospital admissions inpatients over 60 years of age, NSAIDS was the most common medicationinduced adverse effects leading to hospitalizations ranging for 2. 3 to 33. 3%. (6)             According to a prospective cohort study done, participatingpharmacies were called the intervention group (IG) and received feedback ondrug dispensing in non selective -NSAID users of ? 60? years of age at risk forUGI damage and were instructed to select patients to improve ns-NSAIDprescribing, in collaboration with primary care physicians. Ns-NSAID users fromother pharmacies without concomitant Gastro-protective agents (GPA) use werefollowed in parallel as a control group (CG). Changes in the UGI risk of ns-NSAIDusers between baseline and follow-up measurement, assessed either by theaddition of GPAs or the cessation of ns-NSAIDs, were compared between the twostudy arms.

Results showed that persistent ns-NSAID users from the selected IGpatients had an additional 7% likelihood of reduced UGI risk at follow-up (oddsratio 0. 93, 95% confidence interval 0. 89–0. 97) compared with CG patients. Inthe IG, 91% of selected IG patients at UGI risk from ns-NSAIDs at baseline wereno longer at increased risk at follow-up because of cessation of ns-NSAIDS orto concomitant GPA use. (10) There is approximately one per 1000 persons per year in thegeneral population with an incidence of hospitalization for complicated pepticulcer disease among non-users of anti-inflammatory drugs compared to four andfive events of hospitalization amongst na-NSAIDs users with higher incidencewith higher dose of any NSAIDs (1) It is important to understand the negativecomplications of NSAIDS which includes increased mortality, morbidity andincreased health care cost.

Providers should discuss potential adverse effectsof NSAIDS to patients and also review medication list as some patients may be takingmultiple NSAIDS without understanding the adverse effects of NSAIDS andrecognize patients at risk for developing adverse events. It is one of the mostpreventable causes for hospital admissions in the elderly.  Patients taking NSAIDS are more likely to behospitalized versus those not taking NSAIDS. Patients with a history of peptic ulcer disease could benefit the mostfrom a reduction in NSAID induced gastro toxicity (2). Primary Care Physiciansshould lower doses of NSAIDs to reduce adverse effects risk especially in thegroup of patients with the greatest risk.