

Update on COX-2 inhibitors

The preliminary findings of Medsafe's review of the cardiovascular safety of the COX-2 inhibitors (i.e. celecoxib, etoricoxib, lumiracoxib, meloxicam, parecoxib and valdecoxib) are that:

- The increased risk of cardiovascular events outweighs the benefits of COX-2 inhibitors for the general population.
- Prescribers should immediately review the use of COX-2 inhibitors in patients at high absolute risk of cardiovascular events; COX-2 inhibitors should be discontinued in these patients.
- For all other patients, cessation of COX-2 inhibitor use should be discussed at the next scheduled doctor's appointment and alternative treatment options considered.

(See www.medsafe.govt.nz/hot/media/2005/cox2feb05.htm)

bpac^{nz} offers the following search strategy to identify patients who need immediate review.

1. Identify all patients on COX-2 inhibitors.
2. Select for immediate review those who meet one of the following criteria:
 - Males over 60 years
 - Males over 50 years with diabetes
 - Female smokers over 60 years
 - Females with diabetes over 60 years
 - Female smokers with diabetes over 50 years.
 - People with previous cardiovascular events - MI, angina, TIA, ischaemic stroke, PVD
3. This list will contain most people who need immediate review. The remainder will need to be assessed individually by the prescriber.

bpac^{nz} recommends that for patients who continue with a COX-2 inhibitor despite the risk the following issues are discussed and a record of this discussion made in the notes:

1. The patient understands that there is no evidence that COX-2 inhibitors are more efficacious than non-specific NSAIDs and they are not disease modifying agents.
2. There is a clear need to continue with an NSAID.
3. The patient has tried non-pharmacological measures for pain relief.
4. The patient has tried paracetamol with a range of other NSAIDs with a lower risk of GI adverse events such as ibuprofen, diclofenac and naproxen.
5. Patients with risk factors for GI adverse effects of NSAIDs have tried omeprazole for gastroprotection.
6. The patient understands the risks associated with the use of COX 2 inhibitors

Recommendations for safe effective use of NSAIDs

bpac^{nz} made the following recommendation to enhance the safe, effective use of NSAIDs in its recent publication: NSAIDs Strategies for Minimising Harm. (see www.bpac.org.nz)

1. Consider NSAIDs as a second-line therapy after non-pharmacological interventions and alternatives with less risk of harm
2. When considering NSAIDs, identify high-risk patients and respond appropriately
3. Advise low-dose ibuprofen when NSAIDs are used for analgesia
4. Advise diclofenac or naproxen when NSAIDs are used as anti-inflammatories
5. Use the lowest effective dose of NSAID for the shortest duration needed

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Contact us

bpac^{nz}

P.O. Box 6032

Dunedin

www.bpac.org.nz