NSAID – RELATED GASTROINTESTINAL BLEEDING

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NSAIDs are among the most commonly used pharmaceutical agents in the United States. Some investigators have estimated that 5% to 10% of the adult US population, or 15 million to 25 million people, use an NSAID on a regular basis. Among the elderly--a group at higher risk of NSAID-induced gastrointestinal complications--the prevalence of NSAID use is as high as 15%. Gastrointestinal side effects associated with NSAID use are common. NSAID-associated dyspepsia occurs in up to 50% of patients who use these drugs, and heartburn, nausea, vomiting, and abdominal pain can also be observed (1). More important, however, is the link between NSAID use, gastrointestinal mucosal injury, and associated complications. Up to 100% of patients taking nonselective NSAIDs will demonstrate subepithelial hemorrhage, about 50% will have erosions (small, shallow breaks in the gastrointestinal mucosa), and 20% or more will have ulceration (injury extending through the muscular mucosa). There is no relationship, however, between NSAID-associated dyspeptic symptoms and the presence of erosions or ulceration. Some experts have estimated that NSAID-induced gastrointestinal complications result in as many as 16,500 deaths and more than 100,000 hospitalizations, with costs exceeding $1.5 billion annually. Nonselective NSAIDs predictably cause gastrointestinal mucosal injury because they inhibit production of prostaglandins in local tissue (4). Mechanisms that protect the mucosa include the presence of a mucous layer, production of epithelial bicarbonate, cellular integrity or restitution, and mucosal blood flow. All of these factors are dependent in part on local production of prostaglandins. In surgical during 2002-2007yy department were admitted - patients with gastrointestinal bleeding caused by nonsteroidal anti-inflammatory drug (NSAID). Age of such patients was more than 60 years. Mainly of patients resaved only conservative haemostatic and antysecretory treatment. Were operated – 12. Were died after operation – 3. The optimal method for prevention of NSAID-induced gastrointestinal injury is to avoid the use of these agents in the first place. Prophylactic therapy may be warranted in patients at increased risk for gastrointestinal injury or in those who would be at significant risk for morbidity if a complication developed. Higher doses of H2 receptor antagonists may further decrease the risk of gastric ulceration.