PRESS RELEASE

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NSAID gastropathy – a hidden threat in pain treatment

NSAID gastropathy is one of the possible negative consequences of taking non-steroidal anti-inflammatory drugs (NSAIDs), characterized by pathological changes in the gastrointestinal tract (GIT). Often the disease is asymptomatic, which makes it difficult to detect during an outpatient medical appointment. Untimely treatment of NSAID gastropathy can lead to the development of complications, in particular, internal gastrointestinal bleeding, which often poses a serious threat to the patient’s health without surgical intervention. This problem is especially acute for patients who require long-term use of NSAIDs. The risk of complications when taking this group of drugs can be significantly reduced through drug prophylaxis in patients with risk factors for the development of NSAID gastropathy. The main means of preventing possible adverse drug reactions of NSAIDs from the upper gastrointestinal tract are proton pump inhibitors (PPIs). Today it is known that the use of PPIs reduces the incidence of gastric and duodenal ulcers, gastrointestinal bleeding and dyspepsia, significantly improving the tolerability of NSAIDs.

NSAIDs are widely used both in clinical practice and in everyday life, since they are means of pathogenetic therapy for acute or exacerbation of chronic pain, helping to cope with pain, inflammation and swelling.

According to research company AlphaRM, Russians spent more than 50 billion rubles in 2020. for the purchase of painkillers from the NSAID group, and on average, every resident of the country purchased at least one package of the drug.

The use of NSAIDs is indicated as a symptomatic pain reliever for a wide range of diseases and pathological conditions. One of them is chronic pain, which affects approximately 20% of the population worldwide.

Anatoly Martynov, Doctor of Medical Sciences, Professor, Academician of the Russian Academy of Sciences, President of the Russian Scientific Medical Society of Therapists: “Today, 10% of patients at a young age under 44 turn to a therapist with complaints of pain. Among middle-aged patients, 45-59 years old, one in four. In older people, 60-74 years old, this figure reaches almost 50%. In old age, 75-90 years and older, this is all 80%. It is important to emphasize that 70% of people buy NSAIDs on their own and without a doctor’s recommendation, and this represents a big problem. Statistics show that such patients are five times more likely to experience adverse events from the gastrointestinal tract, mainly appearing after four weeks. But

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1 Клинические рекомендации гастроэнтерологической ассоциации по диагностике и лечению эрозивно-язвенных поражений желудка и двенадцатиперстной кишki, вызванных нестероидными противовоспалительными препаратами. Ивашкин В.Т., Шептулин А.А., Маев И.В. и др. РЖГ №6, 2014, стр.9
2 Клинические рекомендации «Рациональное применение нестероидных противовоспалительных препаратов (НПВП) в клинической практике». Каратаев А.Е., Насонов Е.Л., Ивашкин В.Т. и др. Журнал «Научно-практическая ревматология», 56 (прил.1), 2018, стр. 29
5 https://www.mordorintelligence.com/ru/industry-reports/otc-analgesics-market (дата обращения 26.02.2024)
we know of cases where quite serious adverse drug reactions occur within three to seven days.”

According to statistics, over 30 million people in the world take NSAIDs every day, and the trend towards increasing consumption of this group of drugs continues today. However, of the more than 300 million people who take NSAIDs every year, only one third of patients take them as prescribed by a doctor.

Uncontrolled long-term use of NSAIDs can lead to the development of gastropathy. It is noted that in patients at risk who take NSAIDs on their own without consulting a doctor, the incidence of gastrointestinal ulcers and erosions increases 5 times. Moreover, even if patients do not have complaints of pain from the gastrointestinal tract, it is important to convey the need to take PPIs in the presence of risk factors for the development of NSAID gastropathy and refer them for a consultation with a gastroenterologist for an endoscopic examination (EGD). Today, this is the only reliable method for diagnosing NSAID-induced gastropathy and monitoring antiulcer therapy.

Leonid Lazebnik, Doctor of Medical Sciences, Professor, President of the Scientific Society of Gastroenterologists of Russia: “When prescribing a PPI to a patient as a prophylaxis and protection against adverse drug reactions while taking NSAIDs, it is important to take into account the pharmaceutical components in their composition, effectiveness, absorption and give preference proprietary omeprazole preparations. We must explain to patients that treatment courses should be selected taking into account the patients’ phenotypes, individually, depending on the nature of the gastropathy and after the examination.”

The popularity of NSAIDs is also due to the growing number of older people, as they are more prone to chronic pain. By their age, such patients may have several diseases, including diseases of the cardiovascular system, gastrointestinal tract and endocrine system. Comorbid patients with two or more chronic diseases that are pathogenetically related constitute a special risk group for developing gastropathy while taking NSAIDs. Due to the presence of cardiovascular pathology, including arterial hypertension, such patients are limited in the prescription of monotherapy with coxibs (selective NSAIDs). In this group of patients, it is recommended that PPIs be prescribed to protect the gastric mucosa, even when taking NSAIDs for a short period of time.

Andrey Rachin, Doctor of Medical Sciences, Professor, President of the National Association of Experts in Comorbid Neurology: “A comorbid patient requires special treatment, since he can take up to ten different medications, including NSAIDs for pain relief. At the same time, drugs to protect the gastric mucosa, which prevent the development of complications while taking NSAIDs, unfortunately remain in last place, apparently due to insufficient understanding of the problem of NSAID gastroenteropathy among patients. At the same time, in the group of proton pump inhibitors there are drugs, namely Omez®, which has indications - prevention of the development of NSAID gastropathy. Therefore, it is important to discuss a comorbid patient comprehensively, on the one hand, from the perspective of what diseases he has, and on the other, to what extent this patient takes a large number of medications and how much we assess the risk factors that he has. The doctor’s task at the present stage is to identify risk

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6 https://www.rmj.ru/articles/gastroenterologiya/NPVP-inducirovannaya_gastropatiya_ot_pomnaniya_mehanizmov_razvitiya_k_razrabotke_strategiiprofilaktiki_i_lecheniya/ (дата обращения 26.02.2024)
factors that may contribute to the development of NSAID gastropathy and set the patient up for the correct treatment.”

NSAID-associated gastropathy is often characterized by an asymptomatic course and a tendency to develop complications (bleeding, perforation) requiring surgical intervention.

**Alexander Shchegolev, Doctor of Medical Sciences, Professor, Honored Doctor of the Russian Federation, Laureate of the State Prize of the Russian Federation, Head of the Department of Hospital Surgery of the Russian National Research Medical University named after. N.I. Pirogova:** “The surgeon is the last specialist who faces the problem of NSAID-associated gastropathy in its most acute manifestation, sometimes fatal. Therefore, national clinical guidelines in recent years, both Russian and foreign, highlight NSAID-associated bleeding as a separate line and describe in detail the practice aimed at the prevention and treatment of such conditions. According to our clinic, such bleeding occurs in approximately 10% of patients. And from my point of view, this figure will continue to grow, as the number of patients taking NSAIDs is steadily increasing. This is one of the most popular groups of drugs today. It is also important to note that recently there has been a significant increase in the number of patients with NSAID-associated bleeding after a short course of taking NSAIDs, and to a greater extent among young patients. One of the important components of the treatment of bleeding in the upper gastrointestinal tract today is performed by drug hemostasis. The only group of drugs that can be used for this is PPIs.”

Systematic reviews confirm that PPI therapy with NSAIDs reduces bleeding and the need for surgery¹. Therefore, it is critically important to give a patient with risk factors for the development of NSAID gastropathy recommendations and explanations of the importance of combined use of NSAIDs and PPIs in order to reassure and set them up to complete the course of treatment with the obligatory use of all prescribed medications.

Thus, an adequate assessment of the likelihood of developing NSAID-associated gastropathy, the correct choice of optimal therapy for the patient, taking into account the characteristics of his health, and prophylactic, if necessary, prescription of a PPI, for example, Omez® 20 mg, which has indications for treatment and prevention in the instructions for medical use NSAIDs associated with ulcers, erosions of the stomach and duodenum, can help prevent the development of serious life-threatening complications.