



AMERICAN COLLEGE OF GASTROENTEROLOGY
6400 Goldsboro Road, Suite 450, Bethesda, MD 20817-5846; 301-263-9000; Fax: 301-263-9025

Embargoed for release until:
Monday, October 15, 2007

Contact: Anne-Louise Oliphant
mediaonly@acg.gi.org
Rosanne Riesenman, 301-263-9000

**Two Studies Highlight the Risks and Significant Health Care Costs of NSAIDs Injury
*Use of Common, But Potentially Dangerous, Pain Medicines Underreported
VA Study Finds Cost-Benefit of Protective Strategy for Older Users of NSAIDs***

Philadelphia, PA, October 15, 2007 – Patients underreported their use of common but potentially dangerous over-the-counter pain medications known as NSAIDs, according to research presented at the Annual Scientific Meeting of the American College of Gastroenterology. “This is a serious issue given what we know about the significant risk of injury and bleeding in the GI tract in patients using NSAIDs,” said David Johnson, M.D., FACG, one of the researchers and President of the American College of Gastroenterology.

Serious gastrointestinal complications such as bleeding, ulceration and perforation can occur with or without warning symptoms in people who take NSAIDs (non-steroidal anti-inflammatory drugs.) Ulcers and gastrointestinal bleeding are serious health problems in the United States. With millions taking NSAID pain medications every day, it is estimated that more than 100,000 Americans are hospitalized each year and between 15,000 and 20,000 Americans die each year from ulcers and gastrointestinal bleeding linked to NSAID use.

Of particular concern are patients with arthritic conditions. More than 14 million such patients consume NSAIDs regularly. Up to 60 percent will have gastrointestinal side effects related to these drugs and more than 10 percent will cease recommended medications because of troublesome gastrointestinal symptoms.

Dr. Johnson and his colleagues at Eastern Virginia Medical School administered a survey to patients in a private GI practice after a written and verbally confirmed report of current medications to nursing staff. Almost one in five respondents to the survey noted use of an NSAID that had not been reported verbally to nursing staff, including 8 percent who reported daily use. For 22 percent of respondents, they did not think the medications were important enough to list, while 30 percent cited the fact that the drugs were not prescribed by a physician. “This reflects a common misperception that these medications are insignificant or benign when actually their chronic use, particularly among the elderly and those with conditions such as arthritis, is linked to serious and potentially fatal GI injury and bleeding,” noted Dr. Johnson.

Physician experts from the American College of Gastroenterology warn that patients who take over-the-counter pain medications on a regular basis should talk with their physician about the potential for ulcers and other GI side effects.

Recent research suggests a role for acid suppression therapy with a proton pump inhibitor (PPI) for patients at risk of developing stomach ulcers due to long-term use of NSAIDs. In another study presented at the American College of Gastroenterology, a VA researcher, Neena S. Abraham, M.D. looked at the burden of cost from hospitalization for GI bleeding related to NSAID use, and conducted a cost benefit analysis of using PPIs to help protect against serious potential injury to the GI tract.

“Our analysis of a large patient population suggests that it is cost beneficial to administer a proton pump inhibitor with NSAIDs and points to significant savings in hospital costs relating to GI injury and bleeding in the Veterans’ Administration medical setting,” explained Dr. Abraham.

Dr. Abraham and her colleagues reviewed prescription records linked to inpatient, outpatient and death files for the VA medical system and Medicare. In an overall population of almost half a million veterans, Dr. Abraham identified 3,200 events of GI bleeding, of which 36 percent were treated by the VA. A review of their prescription and hospitalization records revealed that half of those with GI bleeding events were hospitalized. Importantly, the one third of patients with GI bleeding events prescribed a PPI were 60 percent less likely to be hospitalized. Their overall median total medical costs were significantly lower than patients who were not prescribed a PPI.

“This reduction in the risk of hospitalization is where significant savings occur due to lower utilization of health resources, endoscopy and surgery, not to mention the impact on patients’ quality of life,” explained Dr. Abraham. While there are costs to treat patients on NSAIDs prophylactically with PPIs, these findings suggest that reduced hospitalization costs offset higher pharmacy costs.

“These are powerful data, especially because of the high risk for GI bleeding in elderly patients who are in the highest risk category for GI bleeding,” according to Dr. Abraham.

The American College of Gastroenterology has educational materials available for consumers that address many important questions relating to the risk of ulcers and bleeding in the gastrointestinal tract relating to NSAID use. For more information, consumers may access educational materials developed by the College on its Web site

<http://www.acg.gi.org/patients/patientinfo/ulcers>

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 10,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

The ACG is committed to providing accurate, unbiased and up-to-date health information. Visit the ACG Web site www.acg.gi.org to access educational resources for patients and their families spanning the broad range of digestive diseases and conditions - both common and not-so-common. Organized by disease, state and organ system, these educational materials, developed by ACG physician experts, are offered for the information and benefit of patients and the public.

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