

When Prescribing NSAIDs...



USE THE
LOWEST
EFFECTIVE
DOSE



FOR THE
SHORTEST
PERIOD OF
TIME

When talking to patients about NSAID use

TAKE “KNOW” FOR AN ANSWER

Members of the Alliance include:



Medication reconciliation is a critical component of any patient's medical history and an important element of patient safety. This process can help reduce medication errors common among patients with multiple comorbidities or multiple healthcare providers, and those who use multiple pharmacies. However, this seemingly simple part of patient care is not always easy. Patients do not always recall medications correctly, especially if recent changes were made, and an accurate list of medications must include nonprescription and alternative products.

Are you confident that you are in the know about what your patients are actually taking? For example, when it comes to pain management, patients may be relying on over-the-counter (OTC) nonsteroidal anti-inflammatory drugs (NSAIDs).¹ It is possible that they are dismissing their OTC NSAID as “not real medicine” and not realizing that they should be mentioning it. Also, consider that many patients are unfamiliar with the term NSAID and do not know which products contain them. This can result in patients taking too high a dose for longer than is needed, potentially increasing their risk for adverse events impacting cardiovascular, renal, and GI health.²⁻⁶ If they are not telling you or your staff about OTCs, or if you are not asking, you may not be getting the whole story.

Empowering Your Staff

The accuracy of a medication reconciliation is only as good as the questions asked. Do not take no for an answer—help your patients think beyond their prescription medications.

- **Inquire about specific types of agents:**
 - “Are you taking products for your health such as herbal remedies or vitamins or minerals?”
- **Ask about conditions where OTC products are likely to be used:**
 - “When you are in pain, what do you take? How much? How often and for how long?”
- **Encourage inclusion of products not thought to be real medicines:**
 - “Do you take any other products that we have not talked about?”

When you and your staff don't take “no” and are in the “know” about your patients' medicines, you have the opportunity to prevent adverse outcomes. For example, an accurate medication reconciliation that includes OTC pain relievers allows you to educate your patients on the appropriate use of NSAIDs—using the lowest effective dose for the shortest period of time required to provide therapeutic effect. This will help ensure good pain management that minimizes risk.

The Alliance for Rational Use of NSAIDs—a public health coalition—aims to bridge the gap between guidance and clinical practice, educating health care professionals and the public at-large to ensure appropriate and safe use of NSAIDs.

To download educational materials and learn more about the Alliance for Rational Use of NSAIDs, visit www.NSAIDAlliance.com.

References: 1. Wilcox CM, Cryer B, Triadafilo Iopoulou G. Patterns of use and public perception of over-the-counter pain relievers: focus on nonsteroidal antiinflammatory drugs. *J Rheumatol*. 2005;32:2218-2224. 2. Public Health Advisory: FDA announces important changes and additional warnings for COX-2 selective and non-selective non-steroidal anti-inflammatory drugs (NSAIDs). US Food and Drug Administration Web site. <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm150314.htm>. Accessed September 18, 2012. 3. European Medicines Agency. *Public CHMP Assessment Report for Medicinal Products Containing Non-selective Non Steroidal Anti-inflammatory Drugs (NSAIDs)*. London, England, UK: European Medicines Agency; 2006. 4. Anderson JL, Adams CD, Antman EM, et al. ACC/AHA 2007 Guidelines for the Management of Patients With Unstable Angina/Non-ST-Elevation Myocardial Infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the 2002 Guidelines for the Management of Patients With Unstable Angina/Non-ST-Elevation Myocardial Infarction) developed in collaboration with the American College of Emergency Physicians, the Society for Cardiovascular Angiography and Interventions, and the Society of Thoracic Surgeons endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation and the Society for Academic Emergency Medicine. *J Am Coll Cardiol*. 2007;50:e1-e157. 5. Rostom A, Moayyedi P, Hunt R, for the Canadian Association of Gastroenterology Consensus Group. Canadian consensus guidelines on long-term nonsteroidal anti-inflammatory drug therapy and the need for gastroprotection: benefits versus risks. *Aliment Pharmacol Ther*. 2009;29:481-496. 6. Zhang W, Moskowitz RW, Nuki G, et al. OARSI recommendations for the management of hip and knee osteoarthritis, part II: OARSI evidence-based, expert consensus guidelines. *Osteoarthritis Cartilage*. 2008;16:137-162.

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