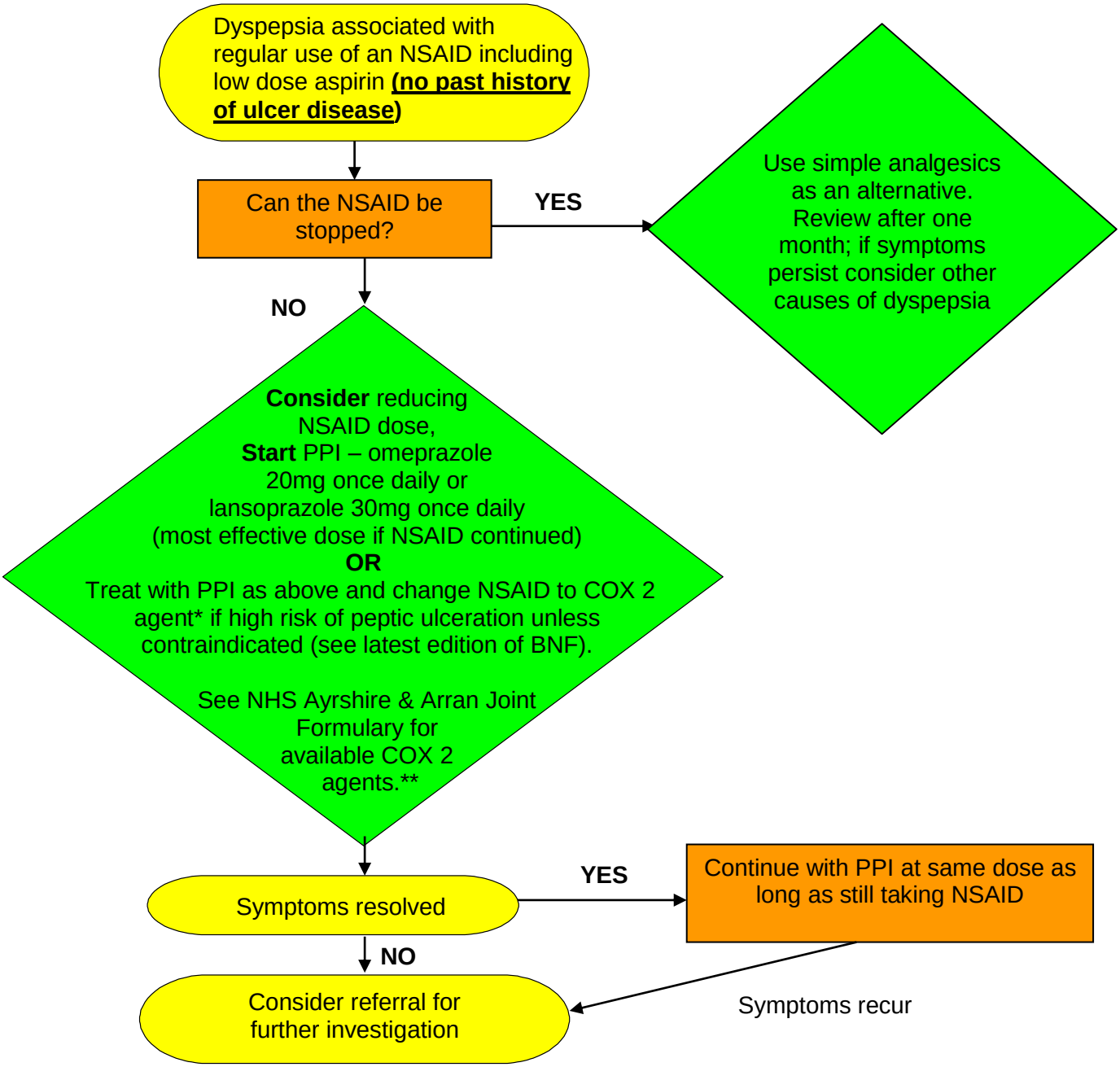
Management of NSAID induced dyspepsia

NSAID use and H pylori infections are independent risk factors for gastro-intestinal bleeding and ulceration. In patients already on a NSAID, eradication of H pylori is not recommended because it is unlikely to reduce the risk of NSAID-induced bleeding or ulceration. However in patients about to start long term NSAID treatment who are H pylori positive and have dyspepsia or a history of gastric or duodenal ulcer, eradication of H pylori may reduce the overall risk of ulceration.[1] These patients are still considered high risk however and will need a PPI co-prescribed with the NSAID.

If H pylori negative, give PPI treatment dose with the NSAID.



***** COX 2 inhibitors should NOT be given together with other NSAIDs. In patients taking low dose aspirin the benefit of taking COX 2 agents is reduced, therefore if dyspepsia is due to low dose aspirin choose a PPI for gastro-protection or consider switching to an alternative antiplatelet drug. Patients who have ischaemic heart disease, cerebrovascular disease, peripheral arterial disease and mild to severe heart failure should not receive a Cox 2 inhibitor.

** Patients should still be carefully observed for dyspepsia while taking a COX 2 inhibitor

1. Reference: BNF 79 March –September 2020