

An evidence-based approach to dyspepsia (2007)

Update January 2009

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CPLD reviews its distance learning programmes every twelve months to ensure currency. This update has been produced by an expert and should be read in conjunction with the An Evidence-Based Approach to Dyspepsia (2007) distance learning course. Where updated information has been provided, we have indicated the relevant section and page number in An Evidence-Based Approach to Dyspepsia (2007) for your reference. All updated information is available to download from the CPLD website www.nicpld.org

Pharmacists are reminded that information contained in this addendum is correct at the time of publication (January 2009) but it is their responsibility to keep up-to-date with any changes in practice.

Section 2: Dyspepsia in patients taking NSAIDs

P26 - Restrictions on the use of piroxicam have been recommended because of gastrointestinal side-effects. CHMP has advised that:

- piroxicam should be initiated only by physicians experienced in treating inflammatory or degenerative rheumatic diseases
- piroxicam should not be used as first-line treatment
- in adults, use of piroxicam should be limited to the symptomatic relief of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis
- piroxicam dose should not exceed 20 mg daily
- piroxicam should no longer be used for the treatment of acute painful and inflammatory condition treatment should be reviewed 2 weeks after initiating piroxicam, and periodically thereafter
- concomitant administration of a gastro-protective agent should be considered.

Topical preparations containing piroxicam are not affected by these restrictions.

P30-34 - When offering treatment for osteoarthritis with an oral NSAID/COX-2 inhibitor, the first choice should be either a standard NSAID or a COX-2 inhibitor (other than etoricoxib 60 mg). In either case, these should be co-prescribed with a proton pump inhibitor.

P34 - Currently, only the selective COX-2 inhibitors celecoxib and etoricoxib are available. The licence for lumiracoxib was suspended in November 2007, following reports of hepatotoxicity associated with the use of lumiracoxib 100 mg daily. Rofecoxib was voluntarily withdrawn by the manufacturer in September 2004.

P36 - Paracetamol and/or topical NSAIDs should be considered ahead of oral NSAIDs, COX-2 inhibitors or opioids in osteoarthritis (NICE CG 59, Osteoarthritis, February 2008).

Section 5: Non-ulcer dyspepsia

P75, 76 and MCQ 20 - Functional dyspepsia (used on three occasions) is another term for non-ulcer dyspepsia.

Exercise and case study reviews

Case study 6 review - Proton pump antagonists are not contra-indicated in pregnancy. However, the manufacturers recommend avoiding in pregnancy (lansoprazole, pantoprazole and rabeprazole) or state that it is not known to be harmful (omeprazole) or advise caution, as no information is available (esomeprazole). For H2RAs, the manufacturers recommend to avoid unless their use is essential. The use of misoprostil should be avoided in pregnancy as it is a potent uterine stimulant and may be teratogenic.