

**Side-effects of NSAIDs:** nausea, indigestion, peptic ulceration, headache, drowsiness, confusion, skin rashes, reversible acute renal failure.

**NSAIDs must be used with caution** in patients with renal impairment since they may cause acute renal failure and in patients with cardiac disease or hepatic impairment since they may cause fluid retention.

**NSAIDs are contraindicated** in pts with severe heart failure and active peptic ulceration.

**Selective NSAIDs are contraindicated** in pts with Ischemic heart disease, peripheral arterial disease and cerebrovascular disease.

**Factors to consider when choosing a specific NSAID:** toxicity, concomitant drugs, patient's age, renal function, dosing frequency, cost.

**NICE Guidelines- use of NSAIDs in Rheumatoid Arthritis.**

- 1) Analgesics (for example, paracetamol, codeine or compound analgesics) should be offered to people with RA whose pain control is not adequate, to potentially reduce their need for long-term treatment with NSAIDs
  - 2) Oral NSAIDs should be used at the lowest effective dose for the shortest possible period of time.
  - 3) When offering treatment with an oral NSAID the first choice should be either a standard NSAID or a COX-2 inhibitor. In either case, these should be co-prescribed with a proton pump inhibitor (PPI).
  - 4) All oral NSAIDs (including COX-2 inhibitors) have analgesic effects of a similar magnitude but vary in their potential gastrointestinal, liver and cardio-renal toxicity. Therefore, when choosing the agent and dose, healthcare professionals should take into account individual patient risk factors, including age. When prescribing these drugs, consideration should be given to appropriate assessment and/or ongoing monitoring of these risk factors.
  - 5) If a person with RA needs to take low-dose aspirin, healthcare professionals should consider other analgesics before substituting or adding an NSAID (with a PPI) if pain relief is ineffective or insufficient.
  - 6) If NSAIDs, including COX-2 inhibitors, are not providing satisfactory symptom control, the DMARD regimen should be reviewed.
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