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Arthritis Today

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WITHOUT
THE PAIN

5 GUYS
With Arthritis
OPEN UP

WHICH DRUG
IS BEST
FOR YOU?

Why
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**MATT
ISEMAN**
tells how he
got the last
laugh on RA

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NSAIDs Are Not All the Same

Which anti-inflammatory is the right choice for you?

Nonsteroidal anti-inflammatory drugs (NSAIDs) – both over-the-counter and prescription – are used by millions of Americans every day to help control aches and pain and reduce inflammation. But there are many NSAIDs to choose from, and certain ones work better for some people than others.

“There clearly is a clinical experience where a patient may not respond to one [NSAID] but respond very well to another,” says Rebecca Manno, MD, a rheumatologist and assistant professor at Johns Hopkins University. “We do not yet understand why that is the case.”

There are several possible reasons why one NSAID might work better than another for an individual. The first is dose: At lower doses – like those in over-the-counter medications such as naproxen (*Aleve*) and ibuprofen (*Motrin, Advil*) – NSAIDs relieve pain but don't fight inflammation. The anti-

The roots of the first NSAID date back to 400 B.C., when people chewed on willow bark to relieve pain. Willow bark contains a chemical closely related to the active ingredient in aspirin – an NSAID that remains a staple to this day.

“All people should take the lowest dose for the shortest time. [And for] people who are at higher risk of side effects, take the shorter-acting rather than once-daily or extended-release NSAIDs.”

—LESLIE CROFFORD, MD, PROFESSOR OF MEDICINE AT VANDERBILT UNIVERSITY SCHOOL OF MEDICINE

inflammatory benefits of NSAIDs kick in only at the higher doses found in prescriptions.

A second reason may be genetics. A 2012 study revealed that NSAIDs might actually work better in some people because they carry certain genes that allow their bodies to break the drugs down faster or more slowly.

Trial and error is typically how people determine what works for them.

So, what do doctors take into account when choosing? “Which NSAID is the right one depends on the indication [reason] for use, comorbidities, other medications the patient is taking, how often the patient takes the drug and insurance,” Dr. Manno says.

As the chart on page 52 shows, people with certain underlying diseases should avoid particular subtypes of NSAIDs. But no matter which NSAID you use, “We want to use the lowest dose of NSAID for the shortest period of time necessary, but clearly, this will [vary from person to person],” says Dr. Manno.

—FRIEDA WILEY

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NAME	AVOID IF...	WORTH TRYING IF...
Celecoxib (Celebrex)	You have had a stroke or heart attack	You are prone to GI problems such as heartburn, ulcers and bleeding
Ibuprofen (Advil, Motrin, etc.)	You take baby aspirin to prevent cardiovascular events (or avoid taking within an hour of the aspirin)	You need only intermittent NSAIDs
Naproxen (Aleve, Naprosyn, Anaprox, etc.)	You are prone to GI problems; you take baby aspirin to prevent cardiovascular events (or avoid taking within one hour of the aspirin)	You need an NSAID that may be less likely than others to raise the risk of cardiovascular events, such as heart attack and stroke
Indomethacin (Indocin, Tivorbex, etc.)	You are older than 65 (It may increase risk of mental disturbances.)	You are younger and need an NSAID only for a short period of time; you have ankylosing spondylitis
Aspirin (Bayer, Ecotrin, etc.)	You take blood thinners and have clotting problems; you have asthma or breathing problems; you are prone to GI problems	
Diclofenac (Cambia, Cataflam, Voltaren, Zipsor, Zorvolex)	You have or are at risk for heart disease	
Topical Diclofenac (Pennsaid, Solaraze, Voltare, etc.)		You have osteoarthritis in one or a few superficial joints, such as the knee or hand

Chart reviewed by Leslie Crafford, MD, professor of medicine at Vanderbilt University School of Medicine, and Donald Miller, PharmD, professor of pharmacy practice at North Dakota State University in Fargo and a member of the FDA Arthritis Advisory Committee

NSAID Warnings

The FDA has taken steps to strengthen existing warnings in both over-the-counter and prescription NSAID drug labels (but not aspirin) to indicate that they can increase the risk of heart attack or stroke (either of which could be fatal); that the risk rises as early as the first few weeks of using an NSAID; and that the longer the NSAID is used, the more the risk may increase. People who have cardiovascular disease (CVD), particularly those who recently have had a heart attack or cardiac bypass surgery, are at the greatest risk for these side effects, but even people without CVD are at risk.

NSAID use also increases the risk of heart failure and shouldn't be used by people with existing heart failure, nor should they be used by people who have had or are about to have cardiac bypass surgery. All NSAIDs may cause allergic reaction, GI problems and (except for aspirin) increase the risk of serious blood clots. Do not take NSAIDs, including aspirin, late in pregnancy. Talk to your doctor if you use blood thinners, drink heavily or have kidney disease.

If you take NSAIDs, you are at higher risk for **gastrointestinal (GI) problems** if you also

- Are age 65 or older
- Have existing GI issues such as ulcers or heartburn
- Use alcohol and/or cigarettes
- Take corticosteroids and/or selective serotonin reuptake inhibitors (SSRIs)
- Have *Helicobacter pylori* (*H. pylori*) infection
- Take high doses of NSAIDs

If you take NSAIDs, you are at higher risk for **cardiovascular problems** if you also

- Have unstable angina
- Have high blood pressure
- Have a history of heart failure
- Have a history of heart attack
- Have had heart bypass surgery or a stent recently put in
- Take high doses or long-acting NSAIDs