A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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<td>Lead Author:</td>
<td>Elaine McIvor</td>
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<td>Medicines Utilisation Subcommittee of ADTC</td>
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**Important Note:**

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.
**ORAL NON-Steroidal Anti-INFLAMMATORY Drug (NSAID) IS NECESSARY**

**HISTORY OF VASCULAR DISEASE OR HIGH RISK OF CVD**

- **AVOID IF POSSIBLE**
  - If NSAID must be used
    - Naproxen + PPI* or ibuprofen (max. 1.2g/day) + PPI*
    - With extreme caution

**NO HISTORY OF VASCULAR DISEASE OR LOW RISK OF CVD**

- **GI RISK FACTORS**
  - Ibuprofen + PPI
    - With extreme caution

- **NO GI RISK FACTORS**
  - Non-selective NSAID

▲Refer to ASSIGN (http://assign-score.com/estimate-the-risk/) to calculate risk of cardiovascular disease (CVD). High CVD risk is defined within the BNF as greater than 20% over 10 years or if using ASSIGN, a score of 20 or above.

NB Other risk factors such familial hypercholesterolaemia, diabetes and renal impairment may affect the assessment of cardiovascular risk and scoring tools should not replace clinical judgement.

* Because patients with serious co-morbidities are at risk of a GI event regardless of their other risk factors, a PPI is recommended for those with CVD or high risk of CVD.

See page 3 for important prescribing notes
NHS Greater Glasgow and Clyde (NHSGGC) Oral Non-Steroidal
Anti-inflammatory Guidelines

Prescribing Notes
NSAIDs:
- should be prescribed only after an assessment of each patient’s individual risk factors including any
history of cardiovascular and gastrointestinal illness
- should be prescribed at the lowest effective dose for the shortest duration possible. Periodically re-
evaluate the patient’s need for symptomatic relief and response to treatment
- are cautioned in mild renal impairment and should be avoided in moderate to severe renal
impairment. Concomitant use of NSAIDs and other nephrotoxics (e.g. ACE Inhibitors, Angiotensin
Receptor Blockers, lithium and diuretics) should be avoided where possible to prevent the risk of
acute kidney injury
- are cautioned in hepatic insufficiency
- are contraindicated in severe cardiac failure, severe hepatic failure and active peptic ulcer disease.
- are cautioned in the elderly and therefore particular care should be taken when prescribing for
elderly patients.

- The co-administration of low dose aspirin with NSAIDs should be avoided if possible due to
increased GI risk. Non-selective NSAIDs may also antagonise the anti-platelet effect of low dose
aspirin.

- Avoid combinations of NSAIDs (including topical NSAIDs due to the risk of systemic exposure).
Patients prescribed an NSAID should be advised to avoid the use of over the counter NSAID
preparations.

- When used for gastroprotection, PPIs should only be used for the duration of NSAID use.

- Alcohol consumption and cigarette smoking are possible lifestyle risk factors for serious NSAID
induced GI adverse effects.

- People at high risk of serious NSAID induced GI adverse effects
  - Age ≥ 65 years
  - History of gastroduodenal ulcer, perforation or GI bleeding
  - Concomitant use of medication known to increase risk of upper GI adverse events e.g. aspirin,
anticoagulants, corticosteroids, SSRIs
  - Serious co-morbidity e.g., cardiovascular disease, renal or hepatic impairment, diabetes,
hypertension
  - Requirement for prolonged duration of NSAID use
  - High dose oral NSAID use (e.g. ibuprofen 2400mg/day, Naproxen 1gram/day)

- NHSGGC Drugs of Choice
  
  Non-selective NSAIDs
  Ibuprofen oral 400mg-600mg three times a day after food (max. 1200mg/day if history of CVD or high
risk of CVD)
  Or
  Naproxen oral 250mg-500mg twice daily after food
  *Prescribe the lowest effective dose for the shortest duration possible*

  Proton pump inhibitors
  Omeprazole oral 20mg once a day (See BNF for further dosing information)
  Or
  Lansoprazole oral 15-30mg once a day (See BNF for further dosing information)
  *When used for gastroprotection, PPIs should only be used for the duration of NSAID use*

Refer to BNF or individual Summary of Product Characteristics at
http://www.medicines.org.uk/emc for further details regarding cautions, contra-indications,
interactions and side effects.