

High dose painkillers increase heart attack risk

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VIENNA (Reuters Health) - At high doses, both the older anti-inflammatory painkillers known as NSAIDs and the newer COX-2 inhibitors (dubbed coxibs) modestly increase the risk of heart attacks in patients with arthritis, investigators report.

This means, they say, that painkillers should be chosen based on their relative gastrointestinal and cardiovascular safety profiles, rather than their class.

Dr. Gurkupal Singh and colleagues at the Stanford University School of Medicine, California, looked at the risk of heart attack in more than 650,000 adults diagnosed with arthritis and treated with NSAIDs or selective COX-2 inhibitors between January 1999 and June 2004.

The researchers found that many, but not all, NSAIDs increased the probability of heart attacks: indomethacin by 71 percent, sulindac by 41 percent, and ibuprofen by 11 percent. Among the coxibs, rofecoxib increased the risk by 32 percent and celecoxib by 9 percent.

The risk of heart attack appeared to be dose-dependent. For instance, rofecoxib increased the risk from 16 percent at daily doses of 12.5 milligrams to 240 percent at daily doses over 50 milligrams.

"Doctors need to consider individual patient risks and concerns related to the cardiovascular system, and other areas where NSAIDs are known to have an impact, especially the stomach, liver and kidneys, and they need to be vigilant about which patients they prescribe each type of drug to," Dr. Singh told participants here at the annual European Congress of Rheumatology, where the findings were presented.

"It's a remarkable finding," commented Dr. Eduardo Mysler, head of the Investigation Medical Organization (in Buenos Aires) and former professor at New York University.

"From now on we should consider that cardiovascular risk is an inherent risk of most anti-inflammatory drugs, independently of being an NSAID or a selective COX-2 inhibitor," he told Reuters Health.