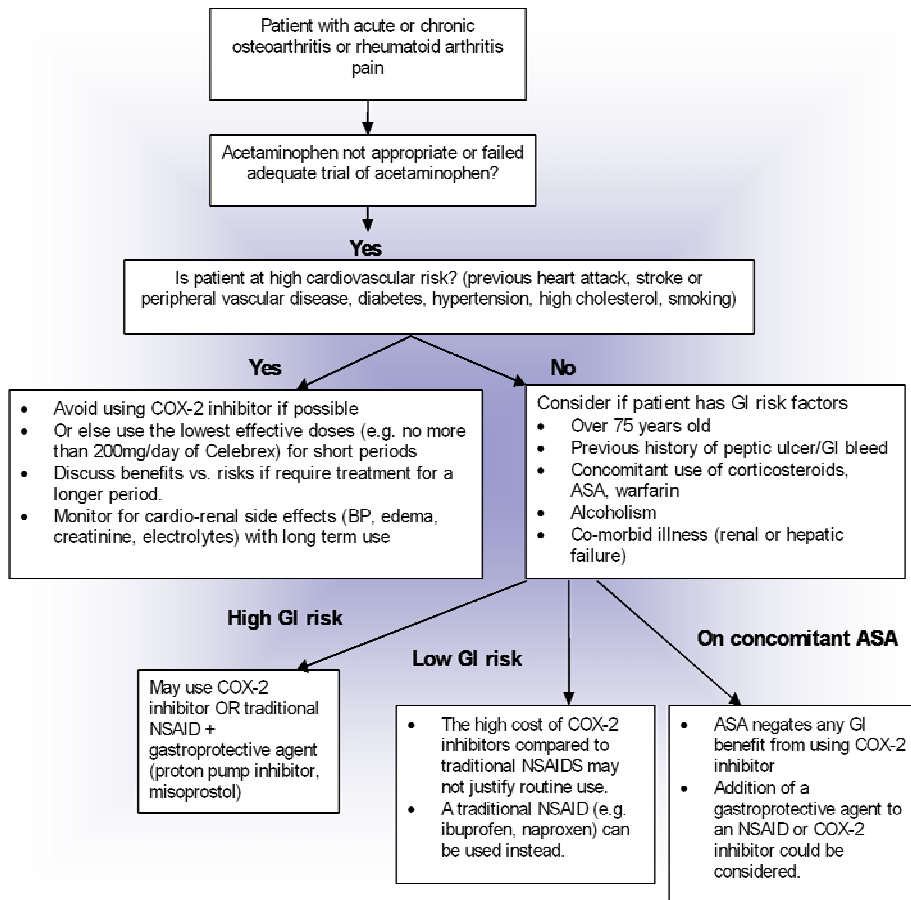


## When To Prescribe COX - 2 Inhibitors

Studies show that COX-2 inhibitors are equal but not superior in efficacy to traditional NSAIDs. When deciding whether a COX-2 inhibitor should be prescribed, the patient's risks of GI complications and risks of heart disease should be assessed. The increased costs of COX-2 inhibitors relative to traditional NSAIDs need to be considered.



### Summary of GI benefits with COX-2 inhibitors

- Only Vioxx has been shown to reduce GI complications (perforations, ulcers, bleeding) compared with traditional NSAIDs.
- Bextra, Celebrex, and Mobicox are not confirmed to protect against GI complications.
- All COX-2 inhibitors may have better GI tolerability (lower incidence of GI symptoms such as dyspepsia, abdominal pain, nausea and heartburn) than NSAIDs.

### Summary of CV risks with COX-2 inhibitors

- All COX-2 inhibitors increase the risk of cardiovascular (CV) events. Risk varies by drug and dose.
- Vioxx 25mg/day increases the risk of CV events by 1.5% when given for 18 months in patients with colorectal adenomas and other patient populations.
- No conclusive evidence that other COX-2 inhibitors are more or less safe than Vioxx
- Bextra increases the risk of heart attack 3-fold when used for pain after coronary bypass surgery.
- Celebrex increases the risk of heart attack and stroke by 1.3% when high doses (400-800mg/day) are given for 2-3 years.

