# ALL ABOUT NSAIDS (NON –STEROIDAL ANTIINFLAMMATORY DRUGS)

#### WHAT ARE NSAIDS?

NSAIDS are a class of drugs that have analgesic, anti-inflammatory & antipyretic action.

They relieve pain ( mostly associated with inflammation & arising from integumental structures like muscles, joints, bones, tendons etc).

They also relieve inflammation& fever

## **VARIOUS NSAIDS ARE -**

Aspirin , ibuprofen indomethacin , diclofenac , celecoxib , nmesulide , mefenemic acid , paracetamol . ketorolac

#### **DOSAGE FORMS & ROUTES -**

They are available as tablets, injections, eyedrops, creams, ointment, sprays

Used by oral, parenteral & topical route.

#### **HOW DO THEY WORK?**

They inhibit prostaglandin synthesis by inhibiting cyclo-oxygenase enzyme . PG produce hyperalgesia by sensitizing the peripheral nerve endings to pain . This leads to analgesic , anti-inflammatory & antipyretic action . Aspirin also has antiplatelet action & thus prevents formation of blood clots . This action can be useful to prevent heart attack & stroke .

### **THERAPEUTIC USES –**

1) to relieve pain due to -

Headache, backache, myalgia, arthralgia, neuralgia, toothache, menstrual cramps, gout, bursitis,

- 2 ) to relieve inflammation in rheumatoid arthritis , osteoarthritis , fibromyositis , acute rheumatic fever , inflammatory bowel disease
- 3) to relieve fever in all types of fever occurring due to various viral & bacterial infections
- 4 ) to prevent further attacks of stroke & myocardial infarction in post stroke & post MI patients , where aspirin at low dose of 50-300 mg / day can be used .

# HOW LONG SHOULD YOU USE THEM ?

These drugs should be used for short term for pain & should not be taken for more than 10 days

& for fever - for not more than 3 days

If taken for too long, you are at high risk for side effects & toxicity.

#### **HOW SOON DO NSAIDS WORK?**

When you take them for short term or acute pain , such as headache , or muscle strain , these drugs may do the trick in just a few hrs .

Antiplatelet effect also starts immediately & lasts for 3 days .

## SIDE EFFECTS -

Peptic ulcer, gastritis, epigastric pain, nausea, vomiting, black coloured stools.

Over long term use it can cause analgesic nephropathy (hypertension & acute papillary nephritis)

Headache, confusion, rash, urticarial, pruritus, bronchial asthma, & liver toxicity

#### **HOW TO PREVENT SIDE EFFECTS -**

NSAIDS should be taken with food, milk, or antacids to prevent stomach problems.

They should not be given in a known case of peptic ulcer, liver disease, kidney disease, bronchial asthma, bleeding disorders or children with viral fever & pregnancy.

NSAIDS should be stopped , one week before elective surgery to prevent risk of bleeding due to antiplatelet effect .

Long term use of NSAIDS should be discouraged

NSAIDS should not be made available as over- the - counter( OTC ) drugs .

#### WHO IS AT RISK OF SIDE - EFFECTS ?

Elderly patients, children, pregnant women, alcoholics, smokers, patients with bronchial asthma, peptic ulcer, liver disease, kidney disease

Patients receivingantiplatelets, anticoagulants, steroids, SSRI, Antidepressants are also at risk of side effects due to NSAIDS.

# **HOW TO TAKE THEM SAFELY ?**

Keep track of how many doses you have taken . Take the minimum dose & take in acute pain only .

Don't develop a habit to take these drugs in mild pain.

Don't exceed the dose otherwise toxic effects can occur .

Don't take 2 or more NSAIDS at a time . It will add to toxicity , side effects , & increased cost of treatment .

If you are on low- dose aspirin, then avoid other NSAIDS with it.

# WHO SHOULDN'T TAKE NSAIDS?

Children, elderly, those suffering from bronchial asthma, peptic ulcer, hepatic disease, kidney disease, those with h/o hypersensitivity reactions in past, pregnant women, h/o bleeding disorder, before elective surgery (stop 1 week before elective surgery)

#### **NSAID ALTERNATIVE -**

If other NSAIDS are not tolerated then , paracetamol can be given which is safe . But it only reduces fever . It is not effective in relieving pain & inflammation .

#### **DRUG INTERACTIONS -**

Oral anticoagulants – NSAIDS should not be given with oral anticoagulants like warfarin due to risk of bleeding

Sulfonylureas & phenytoin – NSAIDS should not be given with these drugs because NSAIDS may lead to toxicity of these drugs by increasing their plasma levels .

NSAIDS should not be given with probenecid as it may counter urocosuric effect of probenecid

NSAIDS should not be given withantihyertensives& diuretics as it may blunt their action due to salt & water retention

NSAIDS should not be given with other nephrotoxicdrugs.

#### WHY ONLY COX 1 & NOT COX 2 ?

NON- selective cox inhibitors, like aspirin, ibuprofen can lead to many side effects so many don't tolerate them. So selective COX 2 inhibitors like celecoxib &rofecoxib can be used. They are well tolerated but they themselves increase risk of thrombotic events & increase risk of MI & stroke.

## **ANTIDERESSANT & ANTI SEIZURE MEDICINE -**

Some antidepressants like SNRI like duloxetine, venlafaxine & tricyclics can relieve pain.

Anti epileptics like gabapentin ,pregabalin can relieve neuralgias &fibromyalgias

#### **HERBAL PAIN RELIEVERS -**

Plant -based remedies including ginger, garlic, turmeric may help you manage arthritis pain because of their anti-inflammatory property .

Creams with capsaicin, chili pepper oil can relieve joint pain too. The spicy chemical may reduce pain signals to your brain too. This effect may be seen after a few weeks.

# A FEEL - GOOD LIFESTYLE

Your daily habits can help you manage your pain in a better way .Exercise releases endorphins , your body's natural pain relief chemicals . On the other hand stress can make you feel worse . Find ways to relax & you may not get hurt so much . Enough sleep is also key . Make sure you have plenty of sleep to cope with chronic pain .