Drug Safety 2007; 30 (1): 90-91
0114-5916/07/0001-0090/$44.95/0

The Authors' Reply

We consider that the limits of the study have been adequately addressed given that the main objective was to document the rate of nonfatal digestive perforations and haemorrhages in NSAID users following the introduction of selective NSAIDs. First and foremost, our concern regarding the increased use of selective NSAIDs is one of public health. As stated in our paper, gastrointestinal (GI) toxicity was the main factor limiting the use of the non-selective NSAIDs; both improved GI safety claims with selective NSAIDs and their indication for persons at risk for GI complications contributed to a rapid increase in their use, particularly by the elderly and other persons at risk. In fact, the introduction of selective NSAIDs stimulated NSAID use and coincided with an increased incidence of nonfatal digestive perforations and haemorrhages in the presence of NSAIDs. Moreover, the incidence of nonfatal digestive perforations and haemorrhages occurring in the absence of NSAIDs remained relatively constant. Although a causal link between NSAID use and nonfatal digestive perforations and haemorrhages cannot be established from the data reported in our paper, the temporal correlation and biological mechanism underlying the pathogenesis of ulcers in the presence of NSAIDs strongly suggest that they are related. Since the majority of persons with nonfatal digestive perforations and haemorrhages in the presence of NSAIDs used selective NSAIDs, we concluded that selective NSAIDs should be prescribed with caution to persons at risk for GI complications.

Mamdani et al.[1] had similar findings in a comparable study: "…even if a new drug is associated with lower side effects than previous drugs in its class at the patient level, a marked increase in its use can be associated with an apparently paradoxical adverse impact on the population."

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Acknowledgements

The authors have no conflicts of interest that are directly relevant to the content of this letter.

Reference

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