

## Delayed-Release Lansoprazole plus Naproxen

A Viewpoint by Naurang M. Agrawal

Department of Medicine, Division of  
Gastroenterology/Hepatology, Duke University  
Medical Center, Durham, North Carolina, USA

NSAIDs are widely used for control of pain and inflammation associated with arthritis as well as musculoskeletal pain. These drugs are very safe when used in therapeutic dosages for short periods. However, their prolonged use in certain patient populations is associated with serious adverse events. The most significant adverse effects are the development of peptic ulcer disease, gastrointestinal bleeding, perforation and gastric outlet obstruction. It is estimated the incidence of these serious complications with the use of NSAIDs is 2–4% per year. Risk factors for development of these complications are previous history of peptic ulcer disease or gastrointestinal bleeding, concomitant use of steroids, concomitant use of warfarin, use of multiple

NSAIDs (including low-dose aspirin) and increased age.

Various strategies have been employed to reduce the incidence of complications associated with NSAIDs. Such strategies include the use of synthetic prostaglandins or antisecretory agents (e.g. H<sub>2</sub>-receptor antagonist or proton pump inhibitors) or cyclo-oxygenase [COX-2] inhibitors. Synthetic prostaglandins and COX-2 inhibitors have been shown in clinical trials to be associated with the primary prevention of peptic ulcer disease and gastrointestinal complications secondary to NSAID use. Lansoprazole and other proton pump inhibitors have been shown to be effective in the primary prevention of peptic ulcer disease and in the secondary prevention of gastrointestinal complications associated with NSAID use.

Thus, lansoprazole plus naproxen is an additional treatment option available for use in NSAID-requiring patients (e.g. those with arthritis) at risk of developing gastrointestinal complications. ▲