Dokumenttyp: journal article

Autor(en) des Beitrags: Schneider, AR; Armbruster, S; Mann, J; von Römer, W; Schuster, T; Schepp, W

Titel des Beitrags: [Current clinical practice among German Internists regarding the prophylaxis of gastroduodenal ulcers associated with NSAIDs, aspirin and Helicobacter pylori].

Abstract: Rapidly growing information on adverse gastrointestinal effects of non-steroidal anti-inflammatory drugs (NSAIDs) and Helicobacter pylori (Hp) causes continuous changes in clinical patient management. Decisions on the prevention of gastroduodenal ulcers in individual patients often do not follow guidelines. We aimed to assess the current management of gastroduodenal ulcers by internists in southern Germany. All 965 members of the Association of Bavarian Internists, a German province with about 8000 internists, were invited to participate in answering a 12-item questionnaire. The questions addressed different clinical scenarios regarding ulcer disease associated with traditional NSAIDs (tNSAIDs), aspirin and Hp. Particularly, we asked for the clinical approach to patients with NSAID-/aspirin-associated ulcers and prophylactic measures before the beginning of a potentially ulcerogenic medication. N = 225 (23.3 %) physicians returned completed questionnaires. In patients with Hp-negative, NSAID-/aspirin-associated ulcers, > 80 % of respondents would initiate long-term proton pump inhibitor (PPI) therapy, whereas 20 % and 17.8 % would prescribe COX-2 selective inhibitors or opiates instead of non-selective NSAIDs and clopidogrel instead of aspirin. The management of Hp-positive ulcers,
especially in cases with additional use of aspirin or NSAIDs, was very heterogenous, including Hp-eradication only, eradication + long-term PPI, eradication + clopidogrel or COX-2-inhibitors/opiates. This survey depicts individual discrepancies in the clinical management of patients receiving NSAIDs and/or aspirin, regarding the prophylaxis of gastroduodenal ulcer disease.