**Common painkillers used by millions raise risk of heart failure**

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**Common painkillers used by ­millions of people in the UK are linked to an increased risk of heart failure, experts have said.**

Non-selective non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen could increase the risk of being admitted to hospital with the heart problem, a new study has found.

Previous studies have linked the drugs to abnormal heart rhythm –which can cause heart failure – and an increased risk of heart attack and stroke if taken regularly. The drugs – together with a sub-group of anti-inflammatories known as selective COX-2 inhibitors – are used to control pain and inflammation and are commonly taken by people with arthritis.

The new study, published in the British Medical Journal (BMJ), used data for almost ten million NSAID users from the UK, Netherlands, Italy and Germany, who started NSAID treatment between 2000 and 2010.

Overall, 92,163 hospital admissions for heart failure were identified among the group. The study found that people who had taken any NSAID in the previous 14 days had a 19 per cent increased risk of hospital admission for heart failure compared with people who had used NSAIDs at any point in the past.

In an accompanying editorial, two Danish health researchers said that owing to the widespread use of NSAIDs, “even a small increase in cardio­vascular risk is a concern for public health”.

They said the fact they can be bought over the counter in supermarkets “further fuels the common misconception that NSAIDs are harmless drugs that are safe for everyone”.

The risk of admission for heart failure increased for seven traditional NSAIDs (diclofenac, ibuprofen, indomethacin, ketorolac, naproxen, nimesulide, and piroxicam) and two COX 2 inhibitors (etoricoxib and rofecoxib).

The increased risk of hospital admission ranged from 16 per cent for naproxen to 83 per cent for ketorolac.

Even medium doses of indomethacin and etoricoxib were associated with increased risk, the study said, but there was no evidence that celecoxib increased the risk of admission for heart failure at commonly used doses.

The experts said their study “offers further evidence that the most frequently used individual traditional NSAIDs and selective COX 2 inhibitors are associated with an increased risk of hospital admission for heart failure.

“Moreover, the risk seems to vary between drugs and according to the dose.”

Professor Peter Weissberg, medical director at the British Heart Foundation, said: “This large observational study reinforces previous research showing that some NSAIDs, a group of drugs commonly taken by patients with joint problems, increase the risk of developing heart failure.

“It has been known for some years now that such drugs need to be used with caution in patients with, or at high risk of, heart disease. This applies mostly to those who take them on a daily basis rather than only occasionally.

“Since heart and joint problems often co-exist, particularly in the elderly, this study serves as a reminder to doctors to consider carefully how they prescribe NSAIDs, and to patients that they should only take the lowest effective dose for the shortest possible time. They should discuss their treatment with their GP if they have any concerns.”

A separate study published in the journal BMJ Open today has found vast majority of people have an older “heart age” than their actual age.

An online test which calculated a person’s risk of having a heart attack or stroke revealed that almost four in five people over the age of 30 had a heart deemed to be older than their chronological age. This means they are at a higher risk of potentially fatal heart attack or stroke.

The study examined data from 575,000 people who used the online tool on the NHS Choices website.

Two-fifths of women under 40 had a heart age older than they actually were, compared to 87 per cent of men the same age, according to the research, funded by the British Heart Foundation.

It also found that many people were unaware about their own cardiovascular risk ­factors – almost half did not know their blood pressure and three-quarters were unaware what their cholesterol levels were.

Those who used the online tool who do not know their blood pressure or cholesterol levels can still be given an estimate for their “heart age”, but are encouraged to find out their measurements.