Few upper GI ulcer complications with celecoxib

Celecoxib is associated with an 8-fold lower incidence of upper gastrointestinal (GI) ulcer complications* than non-specific NSAIDs, according to US researchers.

The researchers performed a pooled analysis of data for 11 008 patients from 14 multicentre double-blind randomised controlled trials of 2–24 weeks' duration in patients treated for rheumatoid arthritis or osteoarthritis. The patients either received celecoxib 25–400mg twice daily, nonspecific NSAIDs** or placebo. 5155 of these patients went on to participate in a long-term open label trial, in which they received celecoxib 100–400mg twice daily. 2443 patients participated in this study for 1 year or more, and > 100 of these patients participated for 2 years or more.

Rate similar to placebo

In the randomised controlled trials, celecoxib was associated with a significantly lower incidence of upper GI ulcer complications than nonspecific NSAIDs [*see table*]; the difference between patients receiving celecoxib and placebo was not significant. In the open-label study, 9 upper GI ulcer complications were reported with an annualised incidence of 0.18% per 100 patient-years. The researchers note that their annualised incidences of upper GI ulcer complications are similar to previously reported incidence rates in patients with similar characteristics who were not receiving NSAID therapy.

Incidence of upper GI ulcer complications associated with NSAID use

	Celecoxib (n = 6376)	Nonspecific NSAIDs (n = 2768)	Placebo (n = 1864)
Total GI ulcer complications	2 (0.03%)	9 (0.33%)	0 (0%)
Annualised incidence (per 100 patient-years)	0.2%	1.68%	0%

* GI ulcer complications of the stomach, pyloric channel or duodenum, including upper GI bleeding, perforation or gastric outlet obstruction

** naproxen 500mg twice daily, ibuprofen 800mg 3 times daily or diclofenac 50 or 75mg twice daily

Goldstein JL, et al. Reduced risk of upper gastrointestinal ulcer complications with celecoxib, a novel COX-2 inhibitor. American Journal of Gastroenterology 95: 1681-1690, Jul 2000

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