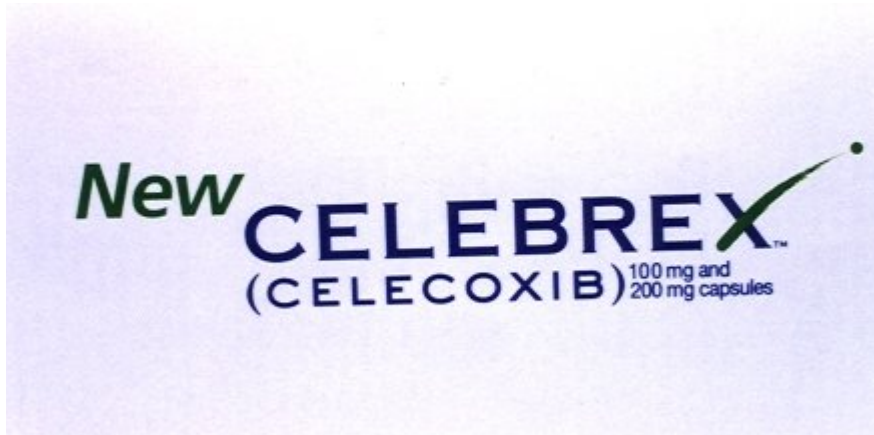




Celebrex



Celebrex (Celecoxib) is a newly released prescription arthritis capsule that is used for the treatment of both osteoarthritis and rheumatoid arthritis.

It is in the non-steroidal anti-inflammatory class that apparently works by suppressing a substance known in the body as COX-2. Celebrex is eliminated from the body by liver metabolism. It is used in the treatment of the pain and swelling associated with osteoarthritis and rheumatoid arthritis.

Gastrointestinal ulcer and bleeding are the most serious side effects with or without warning. Research tends to support that COX-2 inhibitors have significantly less gastrointestinal toxicity than the older non-steroidal anti-inflammatory medications. If this turns out to be the case and they do have much less tendency for gastrointestinal toxicity and bleeding, they will become even more attractive.

Every year in the United States millions of prescriptions are written for non-steroidal anti-inflammatory medications to treat a variety of painful musculoskeletal conditions. These medications are known to cause a number of complications, the most common being gastrointestinal.

Celebrex has been shown in clinical trials to be equally effective to Naproxyn, one of the older non-steroidal anti-inflammatory medications. It has not been shown to be more effective, but if its incidence of gastrointestinal toxicity such as bleeding, ulceration, and perforation of the stomach, small intestine, and large intestine turns out to be lower there certainly will be an advantage to Celebrex.

NEW SLANT ON COX-2 INHIBITORS

A recent study by Express Scripts indicated that far too many patients are taking expensive cox-2 inhibitors although traditional medications such as Ibuprofen (Motrin, Aleve) and Naproxen (Naprosyn, Naprelan) may be all they need.



The cox-2 medications are advertised widely in the print media as being effective for relieving arthritic pain without the risk of gastrointestinal side effects.

The study determined that 74% of cox-2 users had no evidence of ever being at risk for gastrointestinal side effects anyway.

Also shockingly, the study revealed that 29% of new cox-2 users had a diagnosis of low back pain, the diagnosis of which is not listed as an approved indication for cox-2 medications.

Furthermore, half of the cox-2 users took aspirin for cardio protective effect and a majority of users were taking aspirin doses of 325mg per day or higher, which counteracts the gastrointestinal protective effects of cox-2 drugs.

The bottom line is way too many people are taking expensive cox-2 drugs and would be just as well off taking much less expensive drugs.

In addition, the cox-2 drugs have never been found to be more effective than the older, traditional medication such as Ibuprofen and Naproxen. The reason to take them is to avoid gastrointestinal side effects, but a large majority of users were not at risk for gastrointestinal side effects by history or by the length of time they were taking the medication.

Doctors are prescribing the new medications far too often and many patients are practically demanding these medications because they have seen them advertised on television or in the print media. Newer is not always better. It usually is more expensive, however. I am convinced that the price charged for these newer cox-2 inhibitors is in large part due to the hundreds of millions of dollars in advertising that the companies spend to promote them.

Addendum

Aspirin may negate Celebrex benefits

A study reported in ***The Archives of Internal Medicine*** found that half the patients within a retiree population who took anti-inflammatory medications such as Celebrex (Cox-2) also took aspirin therapy for it's cardiac benefit.

Using aspirin along with Celebrex can eliminate the gastrointestinal benefit of using Celebrex, which is one of the primary reasons for using this more costly medication.

In addition to the high rate of aspirin use, at least half of the aspirin users were taking daily doses of 325 mg or more, which is considered higher than necessary in the prevention of cardiovascular disease and stroke.

Aspirin use has been shown to increase the risk of bleeding in the gastrointestinal tract, even at lower doses, and patients who require aspirin therapy for cardiac protection should use the lowest dose possible.



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For patients who need both cardiovascular protection and anti-inflammatory therapy, the GI protective effects of Celebrex are lost by taking aspirin and don't justify the higher expense.

In patients at high risk for gastric irritation, those older than 65 or with other risk factors, their physicians should consider adding therapy such as a generic proton pump inhibitor to protect against stomach irritation rather than a Cox-2, such as Celebrex.

Balancing the patient's need for the right combination of therapies that provide adequate cardiovascular and GI protection is a complex issue, but one that must be addressed in order to provide high-quality, cost-effective healthcare.



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