WARNING
NSAIDs have a number of cautions and contra-indications (see BNF chapter 10) - e.g. they can reduce the excretion of lithium, leading to toxicity.

For additional information see page 3

**Patient aged less than 65 years**

- **Patient otherwise fit and healthy**
  - Try simple analgesia (e.g. paracetamol)
  - NSAID at minimum effective dose. Start with ibuprofen 400mg TDS (see note 2 below).

- **Previous peptic ulcer, GI bleed or taking oral corticosteroids**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add NSAID at minimum effective dose. Start with ibuprofen (see note 2 below) + a proton pump inhibitor (PPI), eg. lansoprazole 15mg OD or omeprazole 20mg OD.

- **Heart failure**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add NSAID at minimum effective dose. Start with ibuprofen (see note 2 below) + a proton pump inhibitor (PPI), eg. lansoprazole 15mg OD or omeprazole 20mg OD.

- **Patient taking aspirin**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add in NSAID at minimum effective dose. Start with naproxen OD with food at least two hours after the dose of aspirin + a proton pump inhibitor (PPI), eg. lansoprazole 15mg OD or omeprazole 20mg OD.

- **Patient taking SSRI antidepressants and/or venlafaxine**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add in NSAID at minimum effective dose. Start with naproxen OD with food at least two hours after the dose of aspirin + a proton pump inhibitor (PPI), eg. lansoprazole 15mg OD or omeprazole 20mg OD.

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The choice of PPI will be determined by the local acute trust’s formulary. Speak to your local pharmacist for advice.
Patients aged more than 65 years

Avoid NSAIDs unless absolutely necessary. As well as GI adverse effects they all increase the risk of heart failure and renal failure.

- **Patient otherwise fit and healthy**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add NSAID at minimum effective dose. Start with ibuprofen (see note 2 below) + a proton pump inhibitor eg. lansoprazole 15 mg OD or omeprazole 20mg OD.

- **Previous peptic ulcer, GI bleed or taking oral corticosteroids**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add NSAID at minimum effective dose. Start with ibuprofen (see note 2 below) + a proton pump inhibitor eg. lansoprazole 15 mg OD or omeprazole 20mg OD.

- **Heart Failure**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add NSAID at minimum effective dose. Start with ibuprofen (see note 2 below) + a proton pump inhibitor eg. lansoprazole 15 mg OD or omeprazole 20mg OD.

- **Patient taking aspirin**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add NSAID at minimum effective dose. Start with naproxen OD with food at least two hours after the dose of aspirin + a proton pump inhibitor eg. lansoprazole 15 mg OD or omeprazole 20mg OD.

- **Patient taking SSRIs and/or venlafaxine**
  - Avoid NSAIDs where possible and use simple analgesia (eg. paracetamol)
  - Continue with simple analgesia and add NSAID at minimum effective dose. Start with ibuprofen (see note 2 below) + a proton pump inhibitor eg. lansoprazole 15 mg OD or omeprazole 20mg OD.

The choice of PPI will be determined by the local acute trust’s formulary. Speak to your local pharmacist for advice.

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Additional notes

1. Most proton pump inhibitors (eg. lansoprazole and omeprazole) are licensed for the prophylaxis of NSAID-associated gastric and duodenal ulcers and for the relief of gastro-intestinal symptoms in patients requiring continued NSAID treatment. A generic product should be used in order to contain costs. For inpatients, product choice should be dictated by the local acute trust Formulary.

2. NSAIDs – consider ibuprofen first line, up to a maximum of 1.2g per day. If higher doses are needed, then naproxen up to a maximum of 1g per day in 1 or 2 divided doses is a good choice. This is due to lower incidence of cardiovascular side-effects at these doses. Always use the lowest effective dose. If patient is also taking aspirin, use naproxen first line but ensure it is taken with food and at least 2 hours after the dose of aspirin. There is some evidence that naproxen may interfere with the antiplatelet effect of aspirin, but this risk is minimised if taken at least 2 hours after the aspirin.

3. Avoid indometacin and piroxicam (in all patients) due to higher risk of adverse GI effects. Also, avoid cyclo-oxygenase-2 selective inhibitors, diclofenac and ibuprofen in doses above 1.2g per day, due to their higher thrombotic risks.

4. Oral corticosteroids are anti-inflammatory in their own right so the need to combine them with a NSAID should normally only be undertaken by a specialist, e.g. a rheumatologist.

5. In addition to gastrointestinal problems, NSAIDs are associated with increased thrombotic events (cyclo-oxygenase – 2 selective inhibitors, diclofenac and high dose ibuprofen), heart failure, renal failure, and hypertension and NSAID-related heart failure is a cause of many acute hospital admissions in the elderly. All NSAIDs are contraindicated in severe heart failure. NSAIDs also have a large number of cautions and contra-indications beyond these, (see BNF chapter 10).

6. Ensure the optimum dose of paracetamol has been tried before considering the use of NSAIDs. Consider ‘prn’ NSAIDs in addition to regular paracetamol before prescribing NSAIDs regularly. Topical NSAIDs may be worth trying if a specific joint or muscle is affected. However, they should not be applied to large areas and should not be co-prescribed with oral NSAIDs.

7. Note that osteoarthritis is not an inflammatory disease and greater pain usually comes on weight bearing. However, short course NSAIDs may be useful to treat acute inflammation due to trauma within joints.

References: