

Critical GI Issues for the Cardiologist: New Insights and Understanding

David P. Faxon, MD, FACC, FAHA, FSCAI,* David A. Johnson, MD, FACP, FACG[†]

*Section of Cardiology, University of Chicago, Chicago, IL; [†]Division of Gastroenterology, Eastern Virginia Medical School, Norfolk, VA

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The use of nonsteroidal anti-inflammatory drugs (NSAIDs) and antiplatelet therapies in patients under the care of cardiologists continues to increase. This is particularly noteworthy with the expanded use and indications for cardioprotective doses of aspirin. Given that there are cumulative risk factors for defining patients' overall risk of developing complications of ulcers, bleeding, and mortality, it is critical for doctors to understand fully a patient's

risk for developing gastrointestinal (GI) complications before prescribing these medications. This is especially important for the cardiologist, who very frequently deals with older patients, many of whom already may be taking other NSAIDs that increase their GI risk profiles. Additionally, changes in our understanding of the safety profiles and availability of cyclooxygenase (COX)-2 inhibitors (perceived as “safer” in terms of GI injury) have led many physicians to reconsider the use of conventional NSAIDs for certain patients, especially those with moderate-to-high cardiovascular risk.

There is excellent evidence from published clinical trials that substantiates the effectiveness of therapy aimed at preventing these complications. Accordingly, the cardiologist prescribing or recommending NSAIDs and/or antiplatelet medications must be able to define the GI risk profiles for these patients and evaluate them appropriately for GI protective co-therapy.

We have seen an explosive growth in the use of NSAIDs, antiplatelet agents, and anticoagulants as the primary and secondary treatment strategies for cardiovascular disease have evolved. In the first article of the supplement, Dr. Faxon reviews the current standards and best prac-

tice strategies for the use of antiplatelet agents and anticoagulants in cardiology. He also discusses the future of the risk-benefit profiles for these agents and provides insight into the potential future use of evolving new therapies.

Next, Dr. Johnson focuses on defining those patients at risk for GI toxicity from NSAIDs and antiplatelet therapies. He presents important data on selective and non-selective COX inhibitors, emphasizing the lack of predictive symptoms prior to development of complications from their use. He points out the significant risks associated with cardiac-dose aspirin for high-risk patients and highlights new information on the potential GI risk of other antiplatelet therapies.

Dr. Scheiman then provides information on preventing the GI toxicity resulting from NSAIDs and antiplatelet therapies. He focuses on treatment options aimed at preventing complications and symptoms, with particular emphasis on strategies for those patients who need to continue these medications. He also discusses management strategies for treating patients with active ulcers who also require a sustained use of antiplatelet agents, NSAIDs, or anticoagulant therapies.

In the final article, Dr. Katz ad-

dresses a very common problem faced by cardiologists—specifically, what to do next for the patient with “noncardiac chest pain.” He reports that gastroesophageal reflux disease (GERD) is the most common treatable GI disease seen by attending cardiologists. The current assumption is that most of these patients are referred back to the primary care physician or to a gastroenterologist for further evaluation. This may frequently lead to a delay in the appropriate care of these symptomatic patients. Dr. Katz therefore reviews appropriate diagnostic and therapeutic “next steps” for the cardiologist treating these patients.

There has been a tremendous increase in the ability of the cardiologist to intervene and save lives, through both primary prevention and secondary intervention strategies. Clearly, there has been a dramatic increase in the use of NSAIDs and antiplatelet agents. Although the cardiologist’s intention when prescribing these agents is to provide benefit to the patient, there is clearly the potential to induce unintended harmful consequences. The aim of this supplement is to provide cardiologists with new insight and understanding to help them provide the best quality of care and clinical outcomes for their patients. ■