TREATMENT OF OSTEOARTHRITIS: GENERAL PRACTITIONERS (GPs)
PRESCRIPTIONAL BEHAVIOUR FROM THE ASL 1 CASERTA PANORAMICA
GPs DATABASE


* Dipartimento clinico e sperimentale di Medicina e Farmacologia – Università di Messina
** ASL1 - Caserta

Introduction: Osteoarthritis (OA) is the most representative form of arthritis diseases (1,2). In Italy, the prevalence is about 14%, rising with advancing age. As OA is an irreversible, progressive disease, the treatment aims to reduce pain, maintain or improve joint mobility and limit functional impairment. Because nonsteroidal antinflammatory drugs (NSAIDs) are the first choice agents in the treatment of pain in OA patients (3), aim of our survey was to analyze all the prescriptions made by 56 general practitioners in 11,191 patients affected by OA, from 1st January to 31th December 2001. Methods: The patients were identified through the ASL 1 Caserta Panoramica database which contains all GPs drug prescriptions, associated to the diagnosis. Age, sex, NSAIDs use and gastroprotective drugs (GPDs) co-prescription rates were assessed. Results: Patient’s average age was 63,4±13,5 years (62,1% female). NSAIDs and acetaminophen represent 93,7% and 1,2% of total prescriptions, respectively. The 78% of patients were non-selective NSAIDs (nsNSAIDs) users and the 5,8% COX-2 inhibitors users. An NSAIDs plus a GPD were prescribed in the 22,5% of the patients (21,9% with conventional NSAIDs, 24,2% with COX-2 inhibitors). The RR of GPD co-prescription in the conventional NSAIDs and COX-2 inhibitors users, was 2.95 (CI 95% 2.82-3.08) and 3.14 (CI 95% 2.75-3.58), respectively, when compared with non-users. Antacids were the most co-prescribed GPDs (56,1% with nsNSAIDs, 47,6% with COXIB). PPI were prescribed in the 33,1% of the patients treated with nsNSAIDs and in the 45,8% of the COXIB group, while H2-antagonists in the 13,6% and in the 10,2%, respectively. Misoprostol was co-prescribed in the 3,6% of the patients. Discussion: NSAIDs are the most prescribed drugs in OA patients. The use of non selective NSAIDs decreases with advancing age. A GPD is frequently co-prescribed in OA patient. The not reduced GPD co-prescription in the COX-2 inhibitors users might depend by a sampling bias (population at high risk of gastrointestinal adverse effects) not directly identifiable in our sample. The GPD choice is often different from which evidence based medicine suggests.


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