

# The Medical Post

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## DIGESTIVE DISEASES WEEK UPDATE: In brief

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### Watch for gastro trouble in heart patients on ASA

Gastroprotective strategies are relatively underused by providers caring for patients using Aspirin for the prevention of cardiovascular disease (CVD), according to University of Manitoba researchers. A retrospective chart review of 205 patients with CVD admitted to a tertiary care university-affiliated hospital between April and October 2004 showed 75% of these patients had at least one risk factor for GI complications and 34% had two or more additional risk factors. When compared with patients with no additional GI risk factors, patients with GI risk factors were more likely to be using concomitant proton pump inhibitor (PPI) therapy (26% vs. 6%) and to be taking low-dose Aspirin (57% vs. 32%). But having more than one additional GI risk factor or being on 325 mg of Aspirin did not increase the likelihood of being prescribed a PPI. Of the 78% of subjects with GI risk factors discharged on Aspirin who were not previously using a PPI, only 8% were prescribed a PPI on discharge.

### PPI use a harbinger of bad patient outcomes

Proton pump inhibitor (PPI) use reflects a greater burden of disease among hospitalized patients and could be a sign of poorer prognosis, according to researchers at the University of Sherbrooke in Quebec. They report that PPI use is related to advanced age, increased comorbidities, longer hospitalization and higher risk of death.

A retrospective review of 7,421 episodes of patient care from various wards at the Centre Hospitalier Universitaire de Sherbrooke from January 2003 to June 2004 showed 3,134 patients (42%) received PPIs during their hospital stay. Of the patients on PPIs, 852 (27%) were ages 18 to 64, while 2,282 (73%) were 65 and older. Subgroup analysis of PPI use by comorbidity showed 21% of patients with no comorbidities were on PPIs compared with 43% of patients with one to three comorbidities, 54% of those with four to six, and 60% of those with seven or more comorbidities. Further subgroup analysis of PPI use by length of hospital stay showed 25% of patients hospitalized for one to three days were on PPIs, compared with 38% of those hospitalized four to seven days, 45% of those hospitalized eight to 14 days and 60% of those in hospital for 15 days or more. Of the patients who died during the study period, 633 (55%) were taking PPIs, compared with a 40% use among patients who were still alive.

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