Aspirin + Celecoxib May Protect Against Ulcers

BY DOUG BRUNK
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LOS ANGELES — Coadministration of daily low-dose aspirin plus celecoxib for 1 week resulted in fewer endoscopically confirmed gastric and/or duodenal ulcers, compared with coadministration with naproxen, Dr. Jay L. Goldstein said at the annual Digestive Disease Week.

Dr. Goldstein and associates at the University of Illinois, Chicago, randomized 661 patients aged 50-75 years in a 2:2:1 fashion into one of three treatment arms after baseline endoscopy: celecoxib 200 mg once daily plus aspirin 81 mg daily (celecoxib group), naproxen 500 mg b.i.d. plus aspirin 81 mg daily (naproxen group), or placebo plus aspirin 81 mg daily (placebo group). Patients took the drugs for 7 days and underwent final endoscopy on day 7.

Exclusion criteria included any NSAID use prior to baseline endoscopy; being seropositive for *Helicobacter pylori* if baseline endoscopy revealed more than five erosions in the stomach or duodenum; any gastric, pyloric channel, or duodenal ulcer 3 mm or greater in diameter; or any esophageal ulcers or erosions. The primary end point was the incidence of at least one gastric or duodenal ulcer on day 7. An ulcer was defined as being 3 mm or greater in diameter.

The majority of patients in the trial were female and the mean age was 58 years, Dr. Goldstein reported.

By day 7, only 7% of patients in the celecoxib group had gastric and/or duodenal ulcers, compared with 25% of those in the naproxen group and 2% of those in the placebo group.

Compared with the naproxen group, the relative risk (RR) of developing a gastric and/or duodenal ulcer in the celecoxib group was 0.28. When they compared the celecoxib group with the placebo group, the RR was 4.78. When they compared the naproxen group with the placebo group, the RR was 16.01.

More patients taking celecoxib developed gastric ulcers, compared with those in the placebo, but there was no significant difference between the two groups in terms of the incidence of duodenal ulcers.

"These data suggest the possibility that lower doses of aspirin may not entirely negate the potential effect or benefit of a [cyclooxygenase-2] inhibitor as measured by endoscopic ulcer rates," Dr. Goldstein said.

The study was funded by Pfizer Inc. Dr. Goldstein disclosed that he is on the speakers' bureau for Pfizer. ■

Elderly Tolerate Elective, Major Bowel Surgery

SEATTLE — Patients over the age of 80 years generally have good outcomes after routine major bowel operations, but those who have emergency surgery fare less well, Dr. Demetrios J. Louis reported at the annual meeting of the American Society of Colon and Rectal Surgeons.

Dr. Louis reviewed 138 patients over the age of 80 years who underwent major intestinal operations at Rush University Medical Center, Chicago, between 1995 and 2005. Overall, 53% of the 138 patients had surgical complications and the mortality rate was 8%.

Average rates of complications, morbidity, and mortality were much higher in those who had the emergent procedures than in those who had elective procedures: The length of hospital stay was 2.7 times longer (21 days versus 8 days), the major complication rate was more than twice as high (81% versus 35%), and the mortality rate was more than 16 times higher (32% versus 2%). The patients who underwent emergency procedures tended to have significantly worse American Society of Anesthesiologists (ASA) status.

The findings suggest that "absolute age is not a determinant in outcome" and that success in older patients is determined primarily by ASA status and the need for emergency surgery, said Dr. Louis, of the department of general surgery at Rush University.

Commenting on Dr. Louis' presentation, Dr. James Ogilvie, a Minneapolis surgeon, said, "These are not necessarily unique findings if you look at other retrospective series in cardiac, hepatobiliary, and endocrine surgery."

—Timothy F. Kirn

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