

SUMMARY

NSAIDS are often used to treat the musculoskeletal pain and inflammation which may accompany active lupus. If well tolerated, they can be effective as the only treatment for people with mild flares. They can also be used in combination with stronger medications to treat greater disease activity. These medications are not immunosuppressive and, therefore, it is inappropriate to use them alone for the treatment of severe lupus. NSAIDS may have either irritating or serious side effects. People with SLE taking NSAIDS require clinical and laboratory monitoring by their physicians.

Examples:

Aspirin and enteric coated aspirin
Aspirin compounds (Anacin, Bayer, Buffering)

Diclofenac (Voltaren)
Diflunisal (Dolobid)
Etodolac (Lodine, Ultradol)
Fenoprofen calcium (Nalfon)
Flurbiprofen (Ansaid)
Ibuprofen (Motrin, Rufen)
Indomethacin (Indocin)
Ketorolac tromethamine (Acular, Toradol)
Meclofenamate sodium (Meclomen)
Nabumetone (Relafen)
Naproxen (Naprosyn)
Oxaprozin (Daypro)
Piroxicam (Feldene)
Sulindac (Clinoril)
Tolmetin sodium (Tolectin)

Nonacetylated salicylates

Salsalate (salicylsalicylic acid) (Disalcid)
Choline magnesium trisalicylate (Trilisate)
Choline salicylate (Arthropan)

Cyclooxygenase-2 (COX-2) inhibitors

Celecoxib (Celebrex)
Rofecoxib (Vioxx)
Valdecoxib (Bextra)



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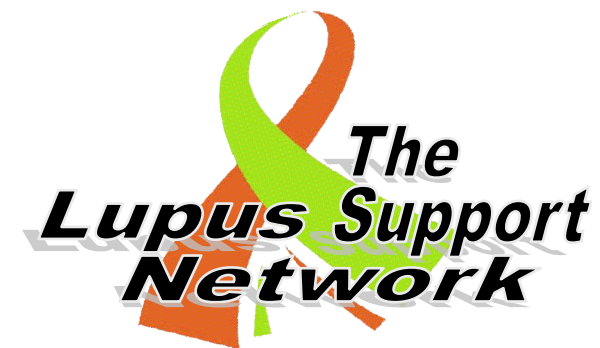
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**Non-Steroidal
Anti-Inflammatory
Drugs (NSAIDS)
In the treatment of Lupus
(SLE)**



*Compilation of articles from:
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Medications Used To Treat Lupus

Medications are an important aspect of the management of many patients with SLE. An array of drug therapies is now available, which has increased the potential for effective treatment and excellent patient outcomes. Once a person has been diagnosed with lupus, a treatment plan will be developed by the doctor based on the person's age, health, symptoms, and lifestyle. It should be reevaluated regularly and revised as necessary to ensure it is as effective as possible. The goals for treating a patient with lupus include:

- Reducing tissue inflammation caused by the disease,
- Suppressing immune system abnormalities that are responsible for tissue inflammation,
- Preventing flares and treating them when they do occur, and
- Minimizing complications

Patients and Providers: Working Together

Lupus patients should work with their doctors to develop their medication treatment plan. Patients should thoroughly understand the reason for taking a drug, its action, dose, administration times, and common side effects. Pharmacists also can be a good resource for patients in helping them understand their medication treatment plan. If a patient experiences a problem believed to be related to a medication, the patient should notify her or his doctor immediately. It can be dangerous to suddenly stop taking some medications, and patients should not stop or change treatments without first talking to their doctor.

The array of drugs and the complexity of treatment plans can be overwhelming and confusing. Newly diagnosed patients and patients whose treatment plans have changed should be closely followed and have immediate access to a nurse or doctor if they are having problems with the prescribed medications. Most SLE patients do well on lupus medications and experience few

side effects. Those who do experience negative side effects should not become discouraged, because alternative drugs are often available. Health professionals should review drug treatment plans with the lupus patient at each office visit to determine her or his understanding of and compliance with the plan. Questions should be encouraged and additional teaching done to reinforce or provide additional information as needed. It is important to note that lupus patients often require drugs for the treatment of conditions commonly seen with the disease. Examples of these types of medications include diuretics, antihypertensive medications, anticonvulsants, and antibiotics.

Types of NSAIDs Used

NSAIDs comprise a large and chemically diverse group of drugs that possess analgesic, anti-inflammatory, and antipyretic properties. Pain and inflammation are common problems in patients with SLE, and NSAIDs are usually the drugs of choice for patients with mild SLE with little or no organ involvement. There are as many as 70 NSAIDs on the market, and new ones are constantly becoming available. While some NSAIDs are available over the counter, a doctor's prescription is necessary for others. NSAIDs may be used alone or in combination with other types of drugs to control pain, swelling, and fever. Even though some NSAIDs may be purchased without a prescription, it is important that they be taken under a doctor's direction. Common side effects of NSAIDs, including those available over the counter, can include stomach upset, heartburn, diarrhea, and fluid retention. Some patients with lupus also develop liver and kidney inflammation while taking NSAIDs, making it especially important to stay in close contact with the doctor while taking these medications.

A new class of anti-inflammatory drugs called COX-2 inhibitors (celecoxib [Celebrex]; rofecoxib [Vioxx]; mobic [Meloxicam]) have all of the same effects as NSAIDs on pain and inflammation but have a much lower risk of significant gastrointestinal side effects.

Mechanism of Action and Use

The therapeutic effects of NSAIDs stem from their

ability to inhibit the release of prostaglandins and leukotrienes, which are responsible for producing inflammation and pain. Although all NSAIDs appear to work in the same way, not every one has the same effect on every person. In addition, patients may do well on one NSAID for a period of time, then, for some unknown reason, derive no benefit from it. Switching the patient to a different NSAID should produce the desired effects. Patients should use only one NSAID at any given time.

How Well They Work

NSAIDs can control mild to moderate inflammation symptoms, especially joint pain.

If NSAIDs alone do not control SLE symptoms, they may be more effective in combination with an antimalarial drug.

Side Effects

The **most common** NSAID side effects involve the digestive tract:

- Nausea, mild stomach upset, gas
- Stomach inflammation (gastritis)
- Stomach ulcers

Less common NSAID side effects include liver and kidney damage, usually in people with kidney or liver disease, or heart failure.

Very rarely, ibuprofen, naproxen, sulindac, and rofecoxib (a COX-2 inhibitor) have caused meningitis. No one had died from this complication, but hospitalization is required to treat it.

COX-2 Inhibitor Risks

Although COX-2 inhibitors cause fewer gastrointestinal side effects (ulcers, bleeding) than other NSAIDs, they may increase a person's risk of heart attack.