

## Peptic Ulcer Disease and the role of NSAIDS

A peptic ulcer is a sore that forms in the lining of the stomach or the duodenum (the beginning of the small intestine). An ulcer can cause a gnawing, burning pain in the upper abdomen; nausea; vomiting; loss of appetite; weight loss; and fatigue. If an ulcer bleeds it can cause black stools and anemia, you might also vomit blood which can be red or dark reddish brown and look like coffee grounds. Most peptic ulcers are caused by infection with the bacterium *Helicobacter pylori* (*H. pylori*). But some peptic ulcers are caused by prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen (Advil, Motrin), and naproxen (Aleve). Ulcers are not caused by stress as was previously believed.

Normally the stomach has three defenses against digestive juices: mucus that coats the stomach lining and shields it from stomach acid, the chemical bicarbonate that neutralizes stomach acid, and blood circulation to the stomach lining that aids in cell renewal and repair. NSAIDs and H Pylori infection hinder all of these protective mechanisms and with the stomach's defenses down, digestive juices can damage the sensitive stomach lining and cause ulcers.

If a person with an ulcer tests positive for *H. pylori*, he or she will be treated with antibiotics to kill the bacteria. Surgery may be necessary if an ulcer recurs or fails to heal, or if complications like severe bleeding, perforation, or obstruction develop.

NSAID-induced ulcers usually heal once the person stops taking the medication. To help the healing process and relieve symptoms in the meantime, your primary care provider may recommend taking antacids to neutralize the acid and drugs called H2-blockers or proton-pump inhibitors to decrease the amount of acid the stomach produces. Medicines that protect the stomach lining also help with healing. Examples are bismuth subsalicylate, which coats the entire stomach lining, and sucralfate, which sticks to and covers the ulcer.

People who smoke should stop. Smoking has been shown to inhibit ulcer healing and is linked to the recurrence of ulcers.

Anyone taking NSAIDs who experiences symptoms of peptic ulcer should see their primary care provider for prompt treatment. Delaying diagnosis and treatment can lead to complications and the need for surgery.

If you need to continue taking NSAIDS you should talk with your primary care provider about the risks and benefits of taking these medications, sometimes you can reduce the risks by combining NSAIDS with other medications. If you experience any of the symptoms mentioned above you should seek professional advice. Be aware that many over the counter cold and arthritis medicines contain NSAIDS.