

From The Chief Medical Officer:  
Dr Henrietta Campbell CB

Castle Buildings  
Upper Newtownards Road  
Belfast BT4 3SJ

Telephone: 028 90520563  
Fax: 028 90520574

E-Mail: [henrietta.campbell@dhsspsni.gov.uk](mailto:henrietta.campbell@dhsspsni.gov.uk)

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To: All General Practitioners  
Community Pharmacists  
Directors of Public Health in HSS Boards  
Medical Directors of HSS Trusts  
Directors of Pharmacy at HSS Boards  
Directors of Pharmacy at HSS Trusts  
GP Advisers in HSS Boards  
Prescribing Advisers in HSS Boards  
Regional Medicines and Poisons Information Centre

30<sup>th</sup> July 2001

Dear Colleague

**GUIDANCE ON THE USE OF CYCLO-OXYGENASE (COX) II SELECTIVE INHIBITORS, CELECOXIB, ROFECOXIB, MELOXICAM AND ETODOLAC FOR OSTEOARTHRITIS AND RHEUMATOID ARTHRITIS (NICE TECHNOLOGY APPRAISAL GUIDANCE NUMBER 27)**

On 26<sup>th</sup> July 2001, the National Institute for Clinical Excellence issued guidance on the use of Cox II selective inhibitors celecoxib, rofecoxib, meloxicam and etodolac for osteoarthritis and rheumatoid arthritis.

In light of recent publicity on the availability of anti-TNF drugs, patients may seek information on the use of these non-steroidal anti-inflammatory drugs in the management of their condition.

The following represents the key recommendations of the NICE guidance:

- Cox II selective inhibitors are not recommended for routine use in patients with rheumatoid arthritis or osteoarthritis.
- They should only be used, instead of standard NSAIDs, in people with rheumatoid arthritis or osteoarthritis who may be at “high risk” of developing serious gastro-intestinal problems.
- High risk patients include
  - Age of 65 years and over;
  - Concomitant use of medications that are known to increase the likelihood of upper gastro-intestinal adverse events;
  - Presence of serious co-morbidity;
  - Requirement for the prolonged use of maximum recommended doses of standard NSAIDs.

- The risk of NSAID-induced complications is particularly increased in patients with a previous clinical history of gastroduodenal ulcer, gastrointestinal bleeding or gastroduodenal perforation. The use of even a Cox II selective agent should therefore be considered especially carefully in this situation.
- All NSAIDs can cause side effects and they should only be prescribed when there is a demonstrable clinical need and they should only be used for the type of disease that they are licensed for. Long-term use of these products should be avoided unless the person taking the medicine is monitored and their condition is checked to see if these medicines are still required.
- In all patients with cardio-vascular disease, there remains uncertainty over the use of Cox II selective inhibitors and they should not therefore be prescribed routinely in preference to standard NSAIDs where these are indicated in this group of patients.
- There is no evidence to justify the simultaneous prescription of gastro-protective agents with Cox II selective inhibitors as a means of further reducing potential gastrointestinal adverse events.

Whilst NICE guidance only applies to England and Wales clinicians may wish to take note of the NICE recommendations which may inform their discussions with patients and provide additional information to aid decision-making.

The full Technology Appraisal Guidance is available on the NICE website [www.nice.org.uk](http://www.nice.org.uk).

Yours sincerely



**DR HENRIETTA CAMPBELL**  
Chief Medical Officer