3. EVALUATION OF THE CO-PRESCRIPTION OF GASTROPROTECTIVE THERAPY IN PATIENTS TREATED WITH NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

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Introduction. Nonsteroidal anti-inflammatory drugs (NSAIDs) are widely used in the management of pain and inflammatory conditions but are associated with an increased risk of gastrointestinal complications, particularly in older patients and those with comorbidities or concomitant medications. Current clinical guidelines recommend the use of gastroprotective therapy in patients with gastrointestinal risk factors in order to reduce NSAID-related adverse events.

Aim of study. To assess patterns of gastroprotective therapy in hospitalized patients receiving NSAIDs and to analyse their relationship with gastrointestinal risk factors and current guideline recommendations.

Methods and materials. A retrospective observational study was conducted on 168 hospitalized patients who received NSAIDs during admission. Demographic characteristics, comorbidities, gastrointestinal risk factors, NSAID regimens, and concomitant gastroprotective therapy were analyzed. The use of gastroprotective agents was evaluated in relation to the patients' risk profiles and international guideline recommendations.

Results. Among the 168 patients included in the analysis, 58.6% were older than 60 years and hypertension was the most frequent comorbidity. Ketoprofen was the most commonly prescribed NSAID. Analysis of gastroprotective therapy patterns demonstrated a marked predominance of famotidine use, prescribed in 93.1% of patients. Proton pump inhibitors were used less frequently, including omeprazole (3.8%) and pantoprazole (2.5%), while lansoprazole and antacids were rarely administered (0.6% each). Other gastroprotective agents accounted for 1.3% of prescriptions. A substantial proportion of patients presented at least one gastrointestinal risk factor, highlighting the importance of preventive pharmacotherapy in this population.

Conclusions. NSAID use in hospital practice is frequent and, in most cases, appropriately accompanied by gastroprotective therapy, reflecting good adherence to evidence-based principles. Prescribing patterns were aligned with patients' gastrointestinal risk profiles; however, variability in the selection of gastroprotective agents highlights the need for further standardization of institutional practices to optimize therapeutic safety.

Keywords. NSAIDs, Gastroprotective therapy, Risk profile, Therapeutic safety.

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