NSAID-Related Hepatotoxicity Rose Dramatically

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PARIS — Serious liver toxicity associated with the use of nonsteroidal anti-inflammatory drugs showed a sevenfold jump in incidence in a recent 10-year period in California.

The explanation for this alarming trend is speculative, but one key factor might be the steady growth in concomitant use of other potentially hepatotoxic drugs, such as statins, Dr. Gurkirpal Singh observed at the annual European Congress of Rheumatology.

Another potential contributing factor could be the background rise in nonalcoholic fatty liver disease, added Dr. Singh of Stanford (Calif.) University.

Dr. Singh analyzed 1995-2005 data from MediCal, California's Medicaid program, which covers more than 7 million patients per year. Among 1.6 million MediCal participants with more than 3 million person-years of NSAID use, there were 1,648 cases of serious liver toxicity (defined by a blinded adjudication panel comprising three hepatologists as hospitalization for hepatitis, acute liver failure, jaundice, hepatorenal syndrome, or hepatic coma). Cases of alcohol-related liver injury and viral hepatitis were excluded.

The overall incidence of serious liver toxicity associated with NSAID use was 55 cases per 100,000 person-years of exposure. The rate increased steadily from 22.9 cases per 100,000 person-years in 1995 to 142.4 in 2005. The fatality rate was 12.2%.

The incidence of acute liver failure climbed from 3.1 cases per 100,000 years of NSAID exposure in 1995 to 17.8 per 100,000 person-years in 2005.

Dr. Singh recommended careful monitoring with periodic liver function tests in chronic NSAID users, particularly in those taking other potentially hepatotoxic drugs or having risk factors for fatty liver or other liver disorders. ■

A Colonoscopy Screen Every 5 Years May Be Safe

For patients at average risk for colorectal cancer whose initial screening colonoscopy reveals no abnormalities, an interval of 5 years or longer before the next exam appears to be safe.

The 5-year risk of colorectal cancer in such patients is extremely low, and the risk of advanced neoplasms also is low—findings that "provide support for rescreening after an interval of 5 years or longer," said Dr. Thomas F. Imperiale of the Indiana University, Indianapolis, and his associates.

The investigators determined the incidences of any neoplasia and of advanced neoplasia at 5-year rescreening colonoscopy in a population of 1,256 middle-age people at average risk for colorectal cancer. The study subjects had undergone initial screening colonoscopy with 36 gastroenterologists at seven clinical centers in Indiana between 1995 and 2000. A total of 1,057 subjects had no polyps, and 199 had only hyperplastic polyps at that time.

Five years later, they underwent follow-up colonoscopy at a mean age of 57 years. No cancers were discovered.

However, 201 subjects (16%) had neoplastic polyps at rescreening. Sixteen subjects (1.3%) had advanced neoplasms at rescreening. These results are similar to those of previous studies of interval rescreening among people with normal findings on baseline colonoscopy (N. Engl. J. Med. 2008;359:1218-24).

In an editorial comment, Dr. Robert H. Fletcher, professor emeritus at Harvard Medical School, Boston, said that even though intervals of 5-10 years between screenings have been recommended, "in clinical practice, intervals between colonoscopic examinations have apparently not reflected the evidence.

"In a survey, endoscopists in the United States said they performed follow-up colonoscopies at substantially shorter intervals than those recommended by expert groups," Dr. Fletcher said (N. Engl. J. Med. 2008;359:1285-7).

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—Mary Ann Moon