

CLINICAL CAPSULES

High-Dose Ibuprofen and GI Bleeding

Fecal blood loss in subjects taking ibuprofen regularly at twice the recommended dosage was 3.64 times greater than in a placebo group, a retrospective analysis by Canadian researchers showed.

The study, by Barry Bowen of the McMaster University Health Sciences Centre (Hamilton, Ont.) and his colleagues, analyzed two separate randomized, double-blind experiments in which fecal blood loss was measured daily at baseline and during 4 weeks of treatment with ibuprofen (800 mg, 3 times daily) or placebo in 68 healthy

volunteers (Clin. Gastroenterol. Hepatol. 2005;3:1075-82).

The authors predicted that due to the recent withdrawal of rofecoxib and valdecoxib, many patients will be switched back to nonselective NSAIDs such as ibuprofen for management of chronic pain.

Denis M. McCarthy, M.D., noted in an editorial that "overt GI bleeding is but the tip of the iceberg, and the contributions of preexisting disease and other factors to its genesis cannot be ignored" (Clin. Gastroenterol. Hepatol. 2005;3:1071-4).

Narcotic Use in Crohn's Disease

The long-term prescription of opioids may obscure the status of inflammatory bowel disease activity, resulting in a "vicious cycle" of overtreatment symptoms and narcotics dose escalation, according to a study of patients with Crohn's disease.

Raymond K. Cross, M.D., of the University of Maryland at Baltimore and his colleagues performed a retrospective analysis of 291 CD patients followed over a 5-year period. Clinical status was measured with the Harvey-Bradshaw Index (HBI) of disease activity (Am. J. Gastroenterol. 2005;100:2225-9).

The researchers found that 38 of the 291

patients (13.1%) were using narcotic analgesics on a chronic basis; these patients had worse disease activity (HBI of 9.1 vs. 5.0), higher rates of disability (15.4% vs. 3.6%), and higher prevalence of neuropsychiatric drug use (37% vs. 19%) than nonusers.

An editorial by Jennifer L. Jones, M.D., and Edward V. Loftus Jr., M.D., of the Mayo Clinic in Rochester, Minn., noted the context of today's "increasing pressure from medical specialty societies and the lay press to maximize opioid use for the management of chronic nonmalignant pain." The authors cautioned physicians that prescribing opioids over the long term in CD "is fraught with difficulty, as it may lead to opioid dependence and gastrointestinal dysfunction" as well as confusion over the status of disease activity (Am. J. Gastroenterol. 2005;100:2230-2).

Brain Activity in IBS Patients

Significant differences were found in the cortical pain responses of patients with irritable bowel syndrome, compared with healthy controls, in a small study by Canadian researchers.

C.L. Kwan of the Institute of Medical Science, University of Toronto, and associates used functional MRI to evaluate the responses of 9 IBS patients and 11 controls during rectal distensions that elicited either pain or a moderate urge to defecate. Differences were found between the two groups' responses in the insular cortex, where visceral and somatosensory input are known to be integrated. Regardless of distension level, the dorsal pole of the right anterior insula was activated in controls but not in IBS patients, suggesting a "ceiling effect" from the chronic pain state in IBS (Neurology 2005;65:1268-77).

IBS patients had urge-related responses in the primary sensory cortex and pain-related responses in the medial thalamus and hippocampus that were absent in the controls. The authors noted that interpreting brain activation during rectal distension combined both conscious responses and unconscious processing, through which the IBS patients were found to be abnormally conscious of the brain-gut relationship.

H. pylori Infection Clearance

Patients with preneoplastic gastric lesions need to be treated and cured of their *Helicobacter pylori* infections in order to minimize the carcinogenic threat, reported Robertino Mera, M.D., of the Louisiana State University Health Sciences Center, New Orleans, and his colleagues after their 12-year randomized study documented a strong effect from anti-*H. pylori* therapy.

The placebo-controlled study of 795 adults with gastric lesions, conducted in an area of Colombia with high gastric cancer risk, involved endoscopies at baseline and at 3, 6, and 12 years (Gut 2005;54:1536-40).

Among the 394 patients who received anti-*H. pylori* therapy at baseline, eradication rates were 51% at 3 years, 75% at 6 years, and 51% at 12 years. Among patients not receiving anti-*H. pylori* therapy at baseline but given the treatment at 6 years, the clearance rate at 12 years was 47%. The spontaneous clearance rate was 2.9% per year. The authors noted that although eradication of *H. pylori* via chemoprevention is viable, the beneficial effects might not be evident in the first 3-6 years.

—Randall Frey

UNLESS HE TESTS WITH ONETOUCH® ULTRA®.

The blues are in his blood. Fortunately, OneTouch® Ultra® requires so little that B.B. can also test on his arm† when he wants to save those sensitive fingers for what they do best. Either way, he'll get a less painful test** with results in just five seconds.

Less pain. Less blood. Less time. More compliance.

More info? Call 1-800-524-7226 or visit www.LifeScan.com.

ONETOUCH®
changes everything®



*Recommended by Diabetologists, Endocrinologists, Diabetes Educators, and Pharmacists, PET Tracking Study, Fall 2002. † When testing on the arm, patients should read the owner's booklet and talk to their healthcare professional. **Allows for a less painful stick when used with OneTouch® UltraSoft™ Adjustable Blood Sampler and OneTouch® UltraSoft™ Lancets. © 2005 LifeScan, Inc. Milpitas, CA 95035 1/05 AW 058-882B