Gastrointestinal safety of celecoxib versus naproxen in patients with cardiothrombotic diseases and arthritis after upper gastrointestinal bleeding

Present guidelines are conflicting for patients at high risk of both cardiovascular and gastrointestinal events who continue to require non-steroidal anti-inflammatory drugs (NSAIDs).

These researchers hypothesised that a cyclooxygenase-2-selective NSAID plus proton-pump inhibitor is superior to a non-selective NSAID plus proton-pump inhibitor for prevention of recurrent ulcer bleeding in concomitant users of aspirin with previous ulcer bleeding. Five hundred and fourteen patients with arthritis, cardiothrombotic disease and recent upper gastrointestinal bleeding were enrolled. After ulcer healing they received either celecoxib or naproxen treatment. Both groups also received treatment with a proton-pump inhibitor. Those in the celecoxib cohort were shown to have significantly less recurrent gastrointestinal bleeding over the next 18 months.

The researchers concluded that in patients at high risk of both cardiovascular and gastrointestinal events who require concomitant aspirin and NSAID, celecoxib plus proton-pump inhibitor is the preferred treatment to reduce the risk of recurrent upper gastrointestinal bleeding. Naproxen should be avoided despite its perceived cardiovascular safety.

*Lancet* 2017; 389:2375–82

Patient-reported outcomes in patients undergoing arthroscopic partial meniscectomy for traumatic or degenerative meniscal tears

The proposition reviewed in this study is whether patients undergoing arthroscopic partial meniscectomy for traumatic tears report better outcomes than those who undergo the surgery for degenerative tears?

Three hundred and ninety-seven patients (42% women) were included in the study. Participants with degenerative tears reported significantly larger improvement than those with traumatic tears. However, the researchers suggest that the difference was not clinically meaningful.

They conclude that there is no relevant difference in outcome after arthroscopic surgery, and our results question the current tenet that patients with traumatic meniscal tears have greater improvements in patient-reported outcomes after arthroscopic partial meniscectomy than those with degenerative tears.

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Trial of cannabidiol for drug-resistant seizures in the Dravet syndrome

The Dravet syndrome is a complex childhood epilepsy disorder that is associated with drug-resistant seizures and a high mortality rate. It has been suggested that cannabidiol might be an effective treatment for such patients but previous reports have shown mixed results.

In this randomised placebo-controlled trial, the researchers have assigned 120 patients to receive either cannabidiol or placebo, in addition to standard antiepileptic treatment. They report that the median frequency of convulsive seizures per month decreased from 12.4 to 5.9 with cannabidiol, as compared with a decrease from 14.9 to 14.1 with placebo.

These encouraging results were offset by the adverse effects noted in the cannabidiol group. These included sleepiness and elevated liver enzymes in some patients. Adverse events led to withdrawal of treatment in eight patients of the cannabidiol group and one in the placebo group.


**URL:**