

NSAIDs and Peptic Ulcers

A peptic ulcer is a sore that forms in the lining of the stomach or the duodenum (the beginning of the small intestine). An ulcer can cause a gnawing, burning pain in the upper abdomen; nausea; vomiting; loss of appetite; weight loss; and fatigue. Most peptic ulcers are caused by infection with the bacterium *Helicobacter pylori* (*H. pylori*). But some peptic ulcers are caused by prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen, and naproxen sodium.

Normally the stomach has three defenses against digestive juices: mucus that coats the stomach lining and shields it from stomach acid, the chemical bicarbonate that neutralizes stomach acid, and blood circulation to the stomach lining that aids in cell renewal and repair. NSAIDs hinder all of these protective mechanisms, and with the stomach's defenses down, digestive juices can damage the sensitive stomach lining and cause ulcers.

NSAID-induced ulcers usually heal once the person stops taking the medication. To help the healing process and relieve symptoms in the meantime, the doctor may recommend taking antacids to neutralize the acid and drugs called H₂-blockers or proton-pump inhibitors to decrease the amount of acid the stomach produces.

Medicines that protect the stomach lining also help with healing. Examples are bismuth subsalicylate, which coats the entire stomach lining, and sucralfate, which sticks to and covers the ulcer.

If a person with an NSAID ulcer also tests positive for *H. pylori*, he or she will be treated with antibiotics to kill the bacteria. Surgery may be necessary if an ulcer recurs or fails to heal, or if complications like severe bleeding, perforation, or obstruction develop.

Anyone taking NSAIDs who experiences symptoms of peptic ulcer should see a doctor for prompt treatment. Delaying diagnosis and treatment can lead to complications and the need for surgery.