Use of non-steroidal anti-inflammatory drugs and proton pump inhibitors in correlation with incidence, recurrence and death of peptic ulcer bleeding: an ecological study

Yunxia Lu,1 Emma Sverdén,2 Rickard Ljung,1,3 Claes Söderlund,2 Jesper Lagergren1,4

ABSTRACT

Background: Non-steroidal anti-inflammatory drugs (NSAIDs) and proton pump inhibitors (PPIs) are regarded as two types of drugs that respectively increase and decrease the risk of peptic ulcer bleeding. However, their relation to occurrence, recurrence and death of bleeding in the population level is not clear.

Study objective: To clarify recent calendar-time correlations between sales of NSAIDs and PPIs and the occurrence of peptic ulcer bleeding, re-bleeding and death.

Design: Ecological study.

Results: The time trend of peptic ulcer bleeding did not correlate with PPI sales but did correlate with NSAIDs in men (Rmale=0.6571, Pmale=0.05). Sales of PPIs (inverse) and NSAIDs correlated with re-bleeding in women (Rmale=−0.8754, Pmale=0.002 and Rfemale=0.7161, Pfemale=0.03, respectively), but not in men. An inverse correlation between PPI sales and 30-day death after bleeding was found (Rmale=−0.9392, Pmale=0.0002 and Rfemale=−0.8561, Pfemale=0.003), and NSAID sales were found to correlate with increased death after bleeding (Rmale=−0.7278, Pmale=0.03, Rfemale=−0.7858, Pfemale=0.01).

Conclusions: The sales of NSAIDs and PPIs correlate with recurrence of peptic ulcer bleeding in women and death after peptic ulcer bleeding in both genders in the population level.

INTRODUCTION

Bleeding is one of the most frequent and serious complications of peptic ulcer disease. Despite the marked decrease in the occurrence of peptic ulcer disease during recent decades, paralleling the decreasing prevalence of Helicobacter pylori infection, the incidence of peptic ulcer bleeding has not changed apparently. On the contrary, several surveys have shown that the incidence of peptic ulcer bleeding has increased among older people.1–4

Re-bleeding and death after peptic ulcer bleeding occur in 7–16% and 3–14%,5 6 respectively. These figures might increase as a result of the increasing average age of many populations.1 2 7 8 The high risk of recurrence and death highlights the need to identify the best preventive measures available. The established risk factors for peptic ulcer bleeding include H pylori infection and medications such as non-steroidal anti-inflammatory drugs (NSAIDs), whereas proton pump inhibitors
Drug sales/use and peptic ulcer bleeding

(PPIs) can prevent ulcer bleeding.\(^9\) We aimed to examine how the sales of PPIs and NSAIDs correlate with the incidence, recurrence and death of peptic ulcer bleeding from a population perspective.

METHODS

Study design

This was a nationwide ecological study that addressed the correlation between relevant drug sales and peptic ulcer bleeding in Sweden during the period 2000–2008. We used complete Swedish nationwide registers to collect data on sales of NSAIDs and PPIs, hospitalisation and death after peptic ulcer bleeding. The average daily defined doses (DDDs) of NSAIDs and PPIs were compared with the incidence, recurrence within 60 days after hospitalisation for bleeding, and 30-day death after admission for peptic ulcer bleeding, in Sweden. The Regional Ethics Committee in Stockholm approved the study.

Data collection

Aggregated data on drug sales in Sweden during the study period were available from the Swedish Prescribed Drug Register. This register records all prescribed and collected medications in the entire Swedish population of approximately 9 million inhabitants.\(^10\) The Prescribed Drug Register contains data on the age and sex of patients together with the names of prescribed drug substances according to the anatomical therapeutic chemical (ATC) classification. All NSAIDs (ATC codes: M01A) and PPIs (ATC codes: A02BC and A02BD) were used for this study. All NSAIDs with ATC codes of M01A were sold as prescription drugs except a few types of ibuprofen in Sweden.

Patients with peptic ulcer bleeding were identified from the Swedish Patient Register, which contains complete, nationwide data on all codes representing diagnoses and surgical procedures relating to in-hospital care in Sweden since 1987. Codes representing peptic ulcer bleeding according to the international classification of diseases V.10 were used (K25.0, K25.4, K26.0, K26.4, K27.0, K27.4, K28.0, K28.4, K92.0, K92.1 and K92.2). Since the treatment of ulcer perforation is different from the treatment of ulcer bleeding, patients with perforation were excluded. Re-admission for peptic ulcer bleeding within 1 day of discharge was not regarded as a new case of bleeding. Re-bleeding was defined as an episode of bleeding that occurred within 60 days after a previous bleeding. Death was defined as any death occurring within 30 days of the date of admission for peptic ulcer bleeding. Death dates were obtained from the Death of Cause Register and the Swedish Population Register. The personal number, which is the unique identity for all the Swedish residents, was used to link data among different registers.

Statistical analyses

Average DDD and time trends regarding the sales of PPIs and NSAIDs were calculated on the basis of the average population for each year. DDD/TID was described as DDDs/thousand inhabitants/day. A linear regression model was applied to test the statistical significance of trends at the 5% level. Correlation analyses were performed between drug sales and the incidence, recurrence and death of peptic ulcer bleeding. All analyses were gender-specific. Figures were plotted to show the correlations between drug sales and bleeding events. All statistical analyses were performed using SAS V.9.2 (SAS Institute, Cary, North Carolina, USA).

RESULTS

Trends of PPI and NSAID sales

The sales of PPIs increased during the study period, except for a temporary drop in 2003 (figure 1). The sales of NSAIDs increased until 2004, after which there was a decrease to a level lower than in the year 2000 (figure 2). The decreased NSAID sales were particularly evident in patients over 75 years of age (data not shown). Women bought more PPIs and NSAIDs than men (figures 1 and 2), and this difference was more
obvious with regard to NSAIDs. We also analysed the
trend of sales of aspirin and H₂ receptor antagonists
(data not shown) which seems not very relevant with
trends of peptic ulcer bleeding, then we focused on cor-
relations of PPIs/NSAIDs and peptic ulcer bleeding in
this study.

Incidence, recurrence and death of peptic ulcer bleeding
The hospitalisation rate for peptic ulcer bleeding was
stable during the study period, although a higher rate
was observed in men than in women (figure 1). The rate
of recurrence of bleeding was similar between the
genders, although the recurrence rate in women showed
a slightly decreasing trend (figure 3). Thirty-day death
after peptic ulcer bleeding decreased during the study
period, especially in men (figures 5 and 6). Furthermore,
women showed a higher death rate in different time
periods (figure 6).

PPIs and NSAIDs sales and peptic ulcer bleeding
The trend of peptic ulcer bleeding did not correlate with
PPIs sales in either gender (figure 1; R_male=−0.2274,
P_male=0.5562, R_female=−0.2398, P_female=0.5342), but it cor-
related marginally with the trend of the sales of NSAIDs
in men only (figure 2; R_male=0.6571, P_male=0.05,
P_female=0.2633, R_female=0.4177).

PPI and NSAID sales and peptic ulcer re-bleeding
The time trends of re-bleeding did not correlate with the
sales of PPIs or NSAIDs in men (figures 3 and 4,
R_male=0.2227, P_male=0.5647; R_female=0.023, P_female=0.9522),
but the decreased occurrence of re-bleeding in women
correlated with the time trends of both PPI sales (R_male=
−0.8754, P_male=0.002) and NSAID sales (R_female=0.7161,
P_female=0.03).

PPI and NSAID sales and 30-day death
There was an inverse correlation between PPI sales and
death in both genders (R_male=−0.9392, P_male=0.0002,
P_female=−0.8561, P_female=0.003; figure 4), and the NSAID
sales showed a close correlation with death of bleeding in
both genders (R_male=0.7278, P_male=0.03, R_female=0.7858,
P_female=0.01; figure 5).

DISCUSSION
This study indicates that sales of NSAIDs and PPIs
(inversely) correlates with 30-day death (both sexes) and
recurrence (womenfemales) of peptic ulcer bleeding in

**Figure 2** Sales of non-steroidal anti-inflammatory drugs (NSAIDs) in daily defined doses (DDD)/1000 inhabitants/day and hospitalisation rate for peptic ulcer bleeding (hospitalisations for bleeding per 100 000 inhabitants) in Sweden in 2000–2008. (A and B) Represent men and women, respectively.

**Figure 3** Sales of proton pump inhibitors (PPIs) in daily defined doses (DDDs)/1000 inhabitants/day and peptic ulcer re-bleeding rate within 60 days (number of re-bleeders/100 inhospitalisations for bleeding) in Sweden in 2000–2008. (A and B) Represent men and women, respectively.
the unselected population. Women appeared to have a higher death of bleeding which might be associated with age and greater sales/use of NSAIDs.

The main strength of this study is the nationwide, complete data collection regarding drug sales, hospitalisation for bleeding and death. Since there is virtually no private care for peptic ulcer bleeding in Sweden and since such bleeding usually requires hospitalisation, the incidence of bleeding and re-bleeding covered by this study should represent population-based figures. There are, however, several weaknesses that should be acknowledged. Drug sales/use and peptic bleeding outcomes could not be linked with regard to individual patients. This ecological design makes the interpretations more uncertain. Re-bleeding could only be identified on the basis of re-admission, which means we might have lost information regarding re-bleeding that occurred within the same case of hospitalisation. On the other hand, it is difficult to find a suitable cut-off day for definition of re-bleeding. The definition of death of bleeding was based on death within 30 days after discharge, since it is difficult to assess if death actually results from bleeding. Furthermore, selection bias for PPIs users could exist since PPIs were also prescribed for gastroesophageal reflux diseases. This might dilute the correlation between PPIs and incidence of peptic ulcer bleeding. Nevertheless, we also have studied correlation between PPIs/NSAIDs and re-bleeding, PPIs/NSAIDs and mortality after bleeding diagnosis which may possibly further pinpoint the specific correlation between PPIs/NSAIDs and peptic ulcer bleeding. In addition, a few types of ibuprofen as one of NSAIDs were sold as over-the-counter drugs which might lead to selection bias for NSAIDs in this study. Since most NSAIDs were prescribed drugs and actually few persons buy drugs without prescriptions in Sweden due to the nationwide healthcare system, this selection bias may be negligible.

NSAIDs constitute an established risk factor for peptic ulcer bleeding, but the sales/use of these medications at the population level is less well-documented. A previous study reported that the sales of NSAIDs in Sweden increased during the period 1978–2002. The present study shows that sales have decreased since 2004 with regard to both genders, and this decrease is more obvious in women and in the population aged over 75 (data not shown). This decline might contribute to the decreasing trend of peptic ulcer death and re-bleeding in women. Similarly, the increased sales/use of PPIs

---

**Figure 4** Sales of proton pump inhibitors (PPIs) in daily defined doses (DDDs)/1000 inhabitants/day and 30-day death of peptic ulcer bleeding (number of deaths within 30 days/100 hospitalisations for bleeding) in Sweden 2000–2008. (A and B) Represent men and women, respectively.

**Figure 5** Sales of non-steroidal anti-inflammatory drugs (NSAIDs) in daily defined doses (DDDs)/1000 inhabitants/day and 30-day death of peptic ulcer bleeding (number of deaths within 30 days per 100 hospitalisations for bleeding) in Sweden in 2000–2008. (A and B) Represent men and women, respectively.
Figure 6  
Sales of non-steroidal anti-inflammatory drugs (NSAIDs) in daily defined doses (DDD)/1000 inhabitants/day and peptic ulcer re-bleeding rate within 60 days (number of re-bleeders/100 hospitalisations for bleeding) in Sweden in 2000–2008. (A and B) Represent men and women, respectively.

The incidence of peptic ulcer bleeding is higher in men than in women, but few studies have reported gender distribution with regard to re-bleeding and death. One British case series study suggested that women are at a higher risk of perforation or death than men. The older mean age in women was, however, an important factor in that study, and this is consistent with our data (data not shown). The greater sales/use of NSAIDs in women cannot be ignored. The rapid decrease of NSAID sales/use in women, since 2004, might contribute to the significantly decreased occurrence of re-bleeding and death in this group in which PPI sales/use is increasing continuously.

In conclusion, although the sales/use of NSAIDs and PPIs in the general population does not seem to mirror the incidence of peptic ulcer bleeding, such sales/use correlate with re-bleeding and death of peptic ulcer bleeding. This correlation seems more obvious in old women which proposes an intriguing issue for future study. The potential reduced risk of death due to decreased use of NSAIDs (especially in old women) and increased use of PPIs (especially in men) warrants further investigation.

REFERENCES
Drug sales/use and peptic ulcer bleeding


Use of non-steroidal anti-inflammatory drugs and proton pump inhibitors in correlation with incidence, recurrence and death of peptic ulcer bleeding: an ecological study
Yunxia Lu, Emma Sverdén, Rickard Ljung, Claes Söderlund and Jesper Lagergren

BMJ Open 2013 3:
doi: 10.1136/bmjopen-2012-002056

Updated information and services can be found at:
http://bmjopen.bmj.com/content/3/1/e002056

These include:

References
This article cites 20 articles, 4 of which you can access for free at:
http://bmjopen.bmj.com/content/3/1/e002056#BIBL

Open Access
This is an open-access article distributed under the terms of the Creative Commons Attribution Non-commercial License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited, the use is non-commercial and is otherwise in compliance with the license. See: http://creativecommons.org/licenses/by-nc/2.0/ and http://creativecommons.org/licenses/by-nc/2.0/legalcode.

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

Epidemiology (2058)
Gastroenterology and hepatology (195)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/