Cardiovascular risk with non-steroidal anti-inflammatory drugs

Non-steroidal anti-inflammatory drug (NSAID) use is prevalent in the USA, reflecting the aging of the population and the concomitant rise in musculoskeletal diseases, particularly osteoarthritis and rheumatoid arthritis. NSAID usage is usually very beneficial in the treatment of these conditions. The downside is that inhibition of cyclo-oxygenase-1 may cause cardiovascular damage.

New data from observational studies and meta-analyses of randomised controlled trials have suggested that naproxen may be associated with a lower risk of cardiovascular thrombotic events as compared to other NSAIDs. In February 2014, the US Food and Drug Administration (FDA) convened an advisory committee meeting to discuss the accumulated data relating to the cardiovascular risk of NSAIDs and the potential implications on the class prescribing labelling.

The committee’s report published in December 2014 states that the current data does not support the conclusion that naproxen has a lower risk of thrombotic events than other NSAIDs.

Metoclopramide for patients with intractable hiccups

Intractable hiccups, by definition, last for more than 1 month and are very difficult to treat. A wide range of pharmacological interventions for intractable hiccups include baclofen, gabapentin, chlorpromazine, haloperidol, and carvedilol. Several previous clinical studies have reported that metoclopramide may help treat intractable hiccups.

This report concerns a randomised, controlled pilot study which attempts to elucidate the role of metoclopramide. 36 patients were randomised to either metoclopramide 10mg thrice daily for 15 days or placebo. The hiccups were cured in 2 patients and improved in 9 of the metoclopramide patients. There were no cures in the placebo patients but there was improvement in 4 patients.

A possible role of serum uric acid as a marker of metabolic syndrome

The association between serum uric acid (SUA) levels and metabolic syndrome (MetS) has recently been reported in several cross-sectional and longitudinal studies. This study reviews the SUA and its relationship to the subsequent development of MetS in healthy Korean men without diabetes or hypertension.

A retrospective cohort study was conducted using data from healthy men who received a general health check-up in 2003. This involved 1809 participants. During 13,802 person years of follow-up, 127 developed MetS. The follow-up revealed that there was a significant increase in the incidence of MetS in those with elevated levels of SUA and also in those whose SUA levels were elevated but within the normal range.