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Nonsteroidal anti-inflammatory drug use as a risk factor for gastro-oesophageal reflux disease: an observational study

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Abstract

Background: Although the associations between nonsteroidal anti-inflammatory drugs (NSAIDs) and peptic ulcer disease or dyspepsia are well established, fewer data exist concerning the relationship between NSAIDs and gastro-oesophageal reflux disease (GERD).

Aim: To examine the relationship between NSAIDs and GERD.

Methods: A self-administered questionnaire covering NSAID use and GERD symptoms (heartburn and acid regurgitation) was sent to a representative national sample of 10,000 French adults (> or = 18 years) between 14 October and 21 November 2005. Risk factors associated with GERD were identified by logistic regression analysis in respondents who were not taking aspirin or proton pump inhibitors.

Findings: A total of 7259 completed questionnaires were returned of which 6823 were evaluable. Overall, 2262 respondents (33%) reported using NSAIDs during the previous 3 months. The lifetime and 3-month prevalence rates of GERD symptoms were 37% and 21% respectively. GERD symptoms were significantly more common among NSAID users than among non-users (27% vs. 19%, $P < 0.001$) and a similar trend was seen for aspirin use. Proton pump inhibitors were received by 31% of respondents who reported experiencing GERD symptoms within the previous 3 months compared with 6% of those without symptoms ($P < 0.01$); however, only 20% of NSAID-treated respondents were receiving proton pump inhibitors. NSAID use, age and female gender were independent predictors of GERD symptoms.

Conclusion: NSAID or aspirin use is a significant risk factor for GERD symptoms.

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