

AN EVALUATION OF CARDIOVASCULAR OUTCOMES AND PAIN IN PATIENTS TAKING CELECOXIB, MELOXICAM, OR OPIOID AGONISTS.

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Celecoxib is a COX-2 inhibitor that has been shown to increase thrombotic cardiovascular events. Recent studies have indicated this cardiovascular toxicity may persist even a year after discontinuing celecoxib. For this reason, patients at the Veterans Affairs Greater Los Angeles Healthcare System (VAGLHS) with a cardiovascular history and on celecoxib were either switched to an opioid agonist or meloxicam in 2005.

Meloxicam is a non-steroidal anti-inflammatory drug with more specificity for COX-2 but believed to have less cardiovascular toxicity associated with its use. A retrospective chart review was performed to evaluate the cardiovascular and pain outcomes in patients that were on celecoxib from January 2005 to December 2005 and consequently switched from celecoxib to meloxicam or an opioid agonist from January 2006 to December 2006. The thrombotic cardiovascular outcomes measured were incidence of fatal and non-fatal myocardial infarction, unstable angina, transient ischemic attack, hemorrhagic or ischemic stroke, pulmonary embolism, and peripheral deep vein thrombosis. Pain outcomes included changes in pain score, total number of pain medications, type of pain medication, total number of scheduled and total number of unscheduled pain medications before and after switching from celecoxib to meloxicam or an opioid agonist. Results and conclusion to be presented.