kidney risks of NSAIDs

You'll see more focus on the kidney risks of NSAIDs.

Some government and medical groups are now educating providers to avoid giving NSAIDs to patients at risk for kidney problems.

NSAIDs can damage the kidneys by decreasing renal blood flow. NSAIDs can also be risky in certain diseases...or with certain drugs.

For example, adding an NSAID to a diuretic plus an ACEI or ARB can create a "triple whammy" against kidney function. Or an NSAID plus an ACEI or ARB can be a "double whammy" for older patients.

Add dehydration from an acute viral illness to the mix...and the risk of acute kidney problems jumps.

Think about a patient's risk before suggesting an NSAID.

It's usually okay for patients with good renal function to use NSAIDs...or for higher-risk patients to use daily low-dose aspirin, topical NSAIDs, or occasional OTC doses of oral NSAIDs.

Caution about using higher or more frequent NSAID doses in patients at risk for kidney injury due to heart failure, diabetes, liver or existing kidney disease...or those on a diuretic, ACEI, or ARB.

Suggest alternatives...acetaminophen, topical agents, tramadol, etc.

If an NSAID is started in a high-risk patient, suggest monitoring kidney function and serum potassium within the first week.

If these patients develop an acute viral illness, advise them to drink fluids to prevent dehydration.

Recommend holding the diuretic and the ACEI or ARB if the patient becomes dehydrated or develops orthostatic hypotension.

Advise immediate medical care if a patient develops signs of kidney problems...edema, low urine output, confusion, nausea, etc.

To hear our team discuss why the "triple whammy" combo can lead to kidney injury, go to our PL Detail-Document and click on PL VOICES.

Key References:

BMJ 2013;346:e8525. Br J Clin Pharmacol 2005;59:239.

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