

Title

Non Preferred NSAIDs

Reason

To reduce prescribing of these medications, especially in those at higher risk with co morbidities and old age as side effect risk is greater.

Why it matters:

There have been a number of concerns about the safety of a number of anti-inflammatory drugs, including COX-2 inhibitors and some 'traditional' NSAIDs, for their effects on the stomach, kidneys and the risk of blood clots. [NICE CKD recommends that](#) in patients with ischaemic heart disease, cerebrovascular disease, or peripheral arterial disease ibuprofen (up to 1200mg per day) and naproxen (up to 1000mg) should be prescribed first-line and COX-2 inhibitors, diclofenac, and high-dose ibuprofen are contraindicated

It is also included in the prescribing incentives targets for SNEE:

Suffolk Rewarding Appropriate Prescribing (RAP) Scheme 24/25: Reduce the prescribing of non-preferred NSAIDs and COX-2 inhibitors

NICE also advise caution

[NSAIDs - prescribing issues](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

Method

System searches were set up across SPC practices reviewing prescribing of both regular nonsteroidal anti-inflammatory medication NSAIDs and non-preferred NSAIDs

This data was shared with clinical leads in practices at the monthly partners meeting and also with practice pharmacists at the monthly pharmacist meeting

Patients were risk stratified according to age. Central texts were sent out to patients asking them to contact the practices prior to their next prescription to discuss with them.

3 cycles of texts were sent out on **16/10/24, 30/10/24 & 13/11/24**

Following that the list of patients who were still taking non-preferred NSAIDs were shared with practice pharmacy team/clinical lead December 2024 to proactively contact patients to discuss



QUALITY AUDIT 25/01 – Non Preferred NSAIDs

Results



NSAIDs on Repeat by Age Group Non Preferred NSAIDs as a % of Total NSAIDs

07/02/2025

At 7/2/25	All NSAIDs on repeat					Non preferred NSAIDs on repeat					Non preferred NSAIDs as a % of total				
	45+	55+	65+	75+	85+	45+	55+	65+	75+	85+	45+	55+	65+	75+	85+
Organisation name															
Brandon Medical Practice	25	17	8			6	3	2			24.0%	17.6%	0.0%	0.0%	0.0%
Combs Ford Surgery	113	75	40	8	1	21	15	9	1		18.6%	20.0%	22.5%	12.5%	0.0%
Debenham Group Practice	128	108	58	19	1	23	18	11	4	1	18.0%	16.7%	19.0%	21.1%	100.0%
Haven Health	17	9									0.0%	0.0%	0.0%	0.0%	0.0%
Howard House Surgery	43	27	18	5	1	11	6	3	1		25.6%	22.2%	20.0%	20.0%	0.0%
Oakfield Surgery	47	30	15	2		25	14	7	1		53.2%	46.7%	14.0%	50.0%	0.0%
The Derby Road Practice	157	105	50	14	1	52	32	14	3	1	33.1%	30.5%	28.0%	21.4%	100.0%
SPC Total	530	371	189	48	4	138	88	46	10	2	26.0%	23.7%	24.3%	20.8%	50.0%

At 10/1/25	All NSAIDs on repeat					Non preferred NSAIDs on repeat					Non preferred NSAIDs as a % of total				
	45+	55+	65+	75+	85+	45+	55+	65+	75+	85+	45+	55+	65+	75+	85+
Organisation name															
Brandon Medical Practice	25	17	8			6	3	2			24.0%	17.6%	0.0%	0.0%	0.0%
Combs Ford Surgery	114	76	40	8	1	21	15	9	1		18.4%	19.7%	22.5%	12.5%	0.0%
Debenham Group Practice	132	109	59	18	1	30	24	14	5	1	22.7%	22.0%	23.7%	27.8%	100.0%
Haven Health	17	9									0.0%	0.0%	0.0%	0.0%	0.0%
Howard House Surgery	44	28	19	5	1	11	6	5	1		25.0%	21.4%	33.3%	20.0%	0.0%
Oakfield Surgery	50	32	15	2		27	15	7	1		54.0%	46.9%	13.7%	50.0%	0.0%
The Derby Road Practice	156	105	51	15	1	54	34	15	6		34.6%	32.4%	29.4%	40.0%	0.0%
SPC Total	538	376	192	48	4	149	97	52	14	1	27.7%	25.8%	27.1%	29.2%	25.0%

SPC Totals on 20/9/24	602	404	222	68	7	219	144	83	24	3	36.4%	35.6%	37.4%	35.3%	42.9%
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Total change since 20/9/24						-37.0%	-38.9%	-44.6%	-58.3%	-33.3%	Overall decrease of				-37.0%
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Non preferred NSAIDs as a % of Total NSAIDs by age group RAG rated across SPC



NSAIDs on Repeat by Age Group Non Preferred NSAIDs as a % of Total NSAIDs

07/02/2025

At 7/2/25	All NSAIDs on repeat					Non preferred NSAIDs on repeat					Non preferred NSAIDs as a % of total				
	45 - 54	55 - 64	65 - 74	75 - 84	85 +	45 - 54	55 - 64	65 - 74	75 - 84	85 +	45 - 54	55 - 64	65 - 74	75 - 84	85 +
Organisation name															
Brandon Medical Practice	8	9	8			3	1	2			37.5%	11.1%	0.0%	0.0%	0.0%
Combs Ford Surgery	38	35	32	7	1	6	6	8	1		15.8%	17.1%	25.0%	14.3%	0.0%
Debenham Group Practice	20	50	39	18	1	5	7	7	3	1	25.0%	14.0%	17.9%	16.7%	100.0%
Haven Health	8	9									0.0%	0.0%	0.0%	0.0%	0.0%
Howard House Surgery	16	9	13	4	1	5	3	2	1		31.3%	33.3%	15.4%	25.0%	0.0%
Oakfield Surgery	17	15	13	2		11	7	6	1		64.7%	46.7%	46.2%	50.0%	0.0%
The Derby Road Practice	52	55	36	13	1	20	18	9	4	1	38.5%	32.7%	25.0%	30.8%	0.0%
SPC Total	159	182	141	44	4	50	42	34	10	2	31.4%	23.1%	24.1%	22.7%	50.0%

at 10/1/25	All NSAIDs on repeat					Non preferred NSAIDs on repeat					Non preferred NSAIDs as a % of total				
	45 - 54	55 - 64	65 - 74	75 - 84	85 +	45 - 54	55 - 64	65 - 74	75 - 84	85 +	45 - 54	55 - 64	65 - 74	75 - 84	85 +
Organisation name															
Brandon Medical Practice	8	9	8			3	1	2			37.5%	11.1%	0.0%	0.0%	0.0%
Combs Ford Surgery	38	36	31	7	1	6	6	8	1		15.8%	16.7%	25.8%	14.3%	0.0%
Debenham Group Practice	23	50	41	17	1	6	10	9	4	1	26.1%	20.0%	22.0%	23.5%	100.0%
Haven Health	8	9									0.0%	0.0%	0.0%	0.0%	0.0%
Howard House Surgery	16	9	14	4	1	5	1	4	1		31.3%	11.1%	28.6%	25.0%	0.0%
Oakfield Surgery	18	17	13	2		12	8	6	1		66.7%	47.1%	46.2%	50.0%	0.0%
The Derby Road Practice	51	54	36	14	1	20	19	9	6		39.2%	35.2%	25.0%	42.9%	0.0%
SPC Total	162	184	143	44	4	52	45	38	13	1	32.1%	24.5%	26.6%	29.5%	25.0%

SPC Totals on 20/9/24	198	182	154	61	7	75	61	83	21	3	37.9%	33.5%	53.9%	34.4%	42.9%
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Total change since 20/9/24						-26.7%	-24.6%	-65.1%	-23.8%	-33.3%					
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Age Group numbers are JUST for that age group as opposed to cumulative totals

Discussion

Results show that there has been a steady decrease in non-preferred NSAIDs across all practices but the rate is variable.

Mefenamic acid is included in the list, but current guidance suggests Naproxen can be an alternative that was an easier switch to make.

Many patients were commenced on the medication by secondary care for inflammatory conditions. Practices had a different response to how proactively they encourage patient to stop as opposed to switch to "safer" NSAIDs.

Many patients have been commenced on these medications as ironically they were seen as safer alternatives to traditional NSAIDs and some clinicians still feel that is the case.

Actions

Increased awareness of lack of superiority of non-preferred nNSAIDs and that we should be restricting our prescribing across the clinical team was helpful and should lead to fewer new starters.

Interesting to note a decrease in nonsteroidal prescribing as well.

The importance of having a confident approach to the problem with appropriate senior clinical support, maintain a good relationship with patients, and follow-up.

Willingness to challenge secondary care prescribing