Aspirin Dose, Not Duration, May Raise GI Bleeding Risk

BY HEIDI SPLETE
FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF GASTROENTEROLOGY
SAN ANTONIO — Men who took more than 14 aspirin per week were more than twice as likely to report upper gastrointestinal bleeding as were men who reported no aspirin use, but increased duration of use did not appear to raise the risk of GI bleeding, said Dr. Edward Huang.

Evidence regarding the impact of aspirin use on GI bleeding is conflicting because of the limitations of previous studies, said Dr. Huang of Massachusetts General Hospital in Boston.

To examine the long-term effects of aspirin dose and duration on GI bleeding, Dr. Huang and his colleagues conducted a prospective study of 32,989 participants in the Health Professionals Follow-up Study, a longitudinal study of male health professionals in the United States. In 2006 and 2008, participants were asked to report any past episodes of GI bleeding severe enough to require hospitalization or blood transfusion.

During a mean 14-year follow-up period, 707 men had an episode of major GI bleeding. After adjustment for risk factors including use of NSAIDs, age, smoking status, exercise, and body mass index, the risk ratios for upper GI bleeding were 1.05 for men who took 0.5-1.3 standard aspirin tablets (325 mg) per week, 1.31 for those who took 2-5 tablets per week, and 1.63 for those who took 6-14 tablets per week, and 2.40 for those who took more than 14 tablets per week, compared with men who reported no aspirin use.

Short-term use was defined as less than 3 years, long-term use was defined as 3 years or longer. “The dose-response relationship is significant regardless of duration of use,” Dr. Huang noted.

Longer duration of use was not significantly associated with an increased risk of upper GI bleeding, but individuals who use aspirin the longest tend to use the highest dose, he added.

The average age of the men when they enrolled in the study was 60 years, and those with a history of peptic ulcer disease were excluded.

The results suggest that both short-term and long-term aspirin users can minimize the risk of upper GI bleeding by using the lowest effective dose, Dr. Huang said.

Dr. Huang had no financial conflicts to disclose.

Early Colonoscopy Advised in IBD and Sclerosing Cholangitis

BY HEIDI SPLETE
FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF GASTROENTEROLOGY
SAN ANTONIO — Patients with primary sclerosing cholangitis and inflammatory bowel disease were as likely to develop colon cancer within 2 years of diagnosis as they were within 8-10 years of diagnosis, based on data from 54 patients.

Weekly colonoscopies are recommended for patients with primary sclerosing cholangitis (PSC) and inflammatory bowel disease (IBD), but the evidence to support early screening has been limited, said Dr. Ernie Thackeray of the Mayo Clinic in Rochester, Minn.

In this study, Dr. Thackeray and her colleagues reviewed medical charts from 54 adults with PSC and IBD who were seen at the Mayo Clinic between 1995 and 2005 and were later diagnosed with colonic neoplasms. Average age at the time of colon cancer diagnosis was 51 years, and 70% of the patients were male.

The occurrence of colonic neoplasms per 100 patient-years of follow-up was 21.5 within 2 years, 20.5 at 2-4 years, 19.3 at 4-6 years, 16.8 at 6-8 years, and 20.4 at 8-10 years.

Fourteen patients had colon cancer: two in the cecum, five in the ascending colon, four in the transverse colon, and three in the rectosigmoid colon. The cancers included two at stage I, four at stage II, four at stage III, two at stage IIB, and two at stage IV.

Another 7 had high-grade dysplasia, 3 had dysplasia-associated lesions or a mass, and 30 had low-grade dysplasia.

The study population included 37 patients with ulcerative colitis, 6 who had Crohn’s disease with colonic involvement, and 11 with indeterminate colitis.

A total of 38 patients had IBD diagnosed prior to PSC by a median of 10.8 years, while 9 patients had PSC diagnosed before IBD by a median of 4 years, and 7 patients were diagnosed simultaneously with both conditions.

The study was limited by its small size, but the results “support early and aggressive screening for colon cancer” in this patient population, Dr. Thackeray said.