**Patients who require frequent or ongoing NSAID therapy**

**Risk factors for cardiovascular risk assessment include:**

* Established coronary artery disease
* Lose-dose, prophylactic aspirin therapy
* Estimated 10-year cardiovascular risk of > 20%

**Risk factors for gastrointestinal risk assessment include:**

* Age ≥ 65-70 years
* Prior upper gastrointestinal event
* Concomitant use of aspirin, corticosteroids or anticoagulants

**Assess:**

* Cardiovascular risk profile
* Gastrointestinal risk profile

**High cardiovascular risk**

**Average cardiovascular risk**

Naproxen is preferred

Any suitable NSAID

**Average gastointestinal risk**

**High gastrointestinal risk**

**Average gastrointestinal risk**

**High gastrointestinal risk**

Naproxen, provided that the patient is not on aspirin already

If on aspirin, use naproxen plus a proton-pump inhibitor or misoprostol

Nonselective NSAID only

Nonselective NSAID, plus a proton-pump inhibitor or misoprostol

or

Coxib plus a proton-pump inhibitor or misoprostol

Avoid NSAIDs

or

If unavoidable, use naproxen plus a proton-pump inhibitor or misoprostol

Coxib: cyclo-oxygenase inhibitor, NSAID: nonsteroidal anti-inflammatory drug

**Figure 3:** Management algorithm for frequent or ongoing nonsteroidal anti-inflammatory drug therapy11