



COX-2 inhibitors: Balancing the hope, the hype, and the concern

Prescribing is like voting: we weigh the issues and make our choice. A case in point is the concern about the nonsteroidal anti-inflammatory drugs (NSAIDs) that selectively inhibit cyclo-oxygenase 2, popularly called COX-2 inhibitors.

The hope. These drugs, a conceptual tour de force, were developed to be more GI-friendly than nonselective NSAIDs. (Yet it took several thousand patients to demonstrate this advantage statistically.)

The hype. Patients routinely ask for these drugs by name, often bringing to their office visits testimonies from neighbors, printouts from the Internet, advertisements from magazines, and memories of television commercials.

The concern. Recently, a major medical journal published a meta-analysis written by internationally renowned cardiologists (one of whom served on the FDA advisory panel that reviewed the cardiovascular safety issues associated with the COX-2 inhibitors). The analysis demonstrated potential increased cardiovascular risk in patients who took these drugs.¹

The absolute increase in cardiovascular risk was fairly small, but since millions of people may take these medications, the issue looms large. Millions of pharmaceutical dollars are also on the line. How to balance the hope, the hype, and the concern? What should we as individual physicians with uniquely individual patients do with these data?

This issue of the *Journal* offers you a point-counterpoint discussion of this issue, written by a rheumatologist and clinical trialist (page 961), by the cardiologist authors of the meta-analysis (page 963), and by me (page 957).

When all is said and done, the choice rests with the individual prescribing physician. Read and consider. In this matter, we vote not with punch cards, but with our pens.

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■ REFERENCES

1. Mukherjee D, Nissen SE, Topol EJ. Risk of cardiovascular events associated with selective COX-2 inhibitors. *JAMA* 2001; 286:954–959.