

Table 1. Examples of common drugs known to cause GI bleeding, dyspepsia, or ulceration.

Therapy Group	Examples
Antiplatelets*	Aspirin, clopidogrel
Anticoagulants*	Warfarin
Corticosteroids*	Prednisolone
Nonsteroidal anti-inflammatory drugs (NSAIDs)*	Aspirin, ibuprofen, diclofenac, naproxen, indometacin
Antibiotics	Macrolides (e.g. erythromycin, metronidazole)
Antidepressants - Selective serotonin-reuptake inhibitors (SSRIs)	Fluoxetine, paroxetine
Bisphosphonates	Alendronic acid, sodium risedronate
Calcium-channel blockers	Nifedipine, diltiazem, verapamil
Iron	Ferrous sulphate
Nitrates	Isosorbide mononitrate
Potassium-channel activator [†]	Nicorandil
Xanthine bronchodilator	Theophylline
Others	Colchicine, levodopa, digoxin, potassium chloride, quinidine

* Increased risk of GI bleeds with these drugs.

[†] Nicorandil is associated with a risk of gastrointestinal ulceration, including perianal ulceration. Ulcers that result from nicorandil are refractory to treatment, including surgery; they respond only to withdrawal of nicorandil.

Data from: [\[Talley et al, 2001\]](#); [BNF 55, 2008](#); [MHRA, 2008b](#)

Basis for recommendation

- Experts recommend reviewing all medications known to exacerbate dyspepsia [\[NICE, 2005\]](#).
- Drugs included in [Table 1](#) are known to exacerbate dyspepsia or increase the risk of gastrointestinal (GI) bleeds [\[Talley et al, 2001\]](#); [North of England Dyspepsia Guideline Development Group, 2004](#); [Pirmohamed et al, 2004](#); [Paton and Ferrier, 2005](#); [MeReC, 2007](#).
- Options for the management of drugs known to exacerbate dyspepsia and GI bleeds are provided by CKS. These are pragmatic recommendations based upon clinical experience.

Taken from NHS Clinical Knowledge Summaries

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