

Daniel Hollander, MD
Executive Dean

Foreword

Kansas City, Kans.

One of the most widely sold groups of drugs are the NSAIDs. NSAIDs, when they were originally introduced, were claimed to be as effective if not more effective than aspirin in relieving inflammation but less likely to cause mucosal damage of the stomach and intestinal tract. The fact that there are 50 or more NSAIDs on the market clearly attests to the failure of their claim. Not one of the NSAIDs on the market has emerged clearly as an effective anti-inflammatory drug with sparing of mucosal damage to the gastrointestinal tract. There are numerous articles attesting to the lesser-damaging effects of specific nonsteroidals on the market but on close scrutiny or after repeated testing by other groups none of the present NSAIDs have truly achieved their stated aim.

NSAIDs cause damage to the esophagus, gastro-duodenal mucosa, and the small intestine. Large intestinal damage has been less clearly studied. In this issue, a group of international experts provide the reader with an up-to-date account of the epidemiology of NSAID-induced mucosal damage, the clinical features of the damage, the putative mechanisms of the damaging effects of nonsteroidals, potential approaches to prevent damage and the therapy of existing damage to the gastrointestinal mucosa. If any of these issues were clearly understood and if the answers to any of these clinical problems were unquestionably clear, this issue of *Digestive Diseases* would have been quite short and brief. Unfortunately, there are no clear and overwhelmingly effective ways of preventing damage and/or treating damage to the gastrointestinal mucosa by nonsteroidals.

A great deal of progress has been made in this direction. Some of the commonly used drugs for the therapy of peptic disease have been tried with a varying degree of success. Some appear to have a protective effect in the stomach or duodenum and some appear to accelerate the healing of gastroduodenal ulcerations to a lesser or greater extent. However, a very successful management program that would clearly prevent gastroduodenal damage does not yet exist, nor does rapid way of promoting the healing of gastroduodenal ulcerations in the face of continued use of NSAIDs. Thus, a great deal of work remains to be done in resolving these issues. In addition, because of the relative inaccessibility of the small and large bowel to screening and clinical studies, our knowledge of the extent of damage of these two portions of the gastrointestinal tract from nonsteroidals is not clear. Likewise, the efficacy of the various drugs in preventing damage to the intestinal tract distal to the duodenum is also not as clear as we wish it to be.

The editor and the authors of this supplement to *Digestive Diseases* are to be congratulated for bringing together a very large body of literature, experience, and current knowledge. It is our collective hope that this information will help clinicians make the best possible choice in the prevention of damage by NSAIDs to their patients and in the therapy of existing ulcerations. Also, it is our hope that the information in this symposium proceedings will stimulate investigators to seek new approaches and new methods for resolving this clinically important but difficult problem.