GLOSSARY

NSAIDs
Nonsteroidal anti-inflammatory drugs

COX
Cyclo-oxygenase

25.1% for placebo. The improvement persisted over 12 weeks. Secondary efficacy variables, such as abdominal pain and bloating, were also significantly improved in patients in both tegaserod groups.

The authors conclude that tegaserod provided rapid and sustained relief of the symptoms of chronic constipation. They also note that the drug was safe and well tolerated.

Original article Johanson JF *et al.* (2004) Effect of tegaserod in chronic constipation: a randomized, double-blind, controlled trial. *Clin Gastroenterol Hepatol* **2:** 796–805

Valdecoxib reduces upper gastrointestinal ulcer complications

EBM

Nonselective NSAIDs are often prescribed for patients with osteoarthritis (OA) and adult onset rheumatoid arthritis (RA). Their long-term use, however, is associated with an increased risk of ulcer complications, possibly resulting from COX-1 inhibition in the gastric mucosa. In addition, these agents inhibit platelet aggregation and so might increase the risk of bleeding. These problems may be overcome using COX-2-selective inhibitors, which are equally as effective as nonselective NSAIDs in treating arthritis pain. Goldstein *et al.* have assessed the incidence of upper gastrointestinal complications in patients treated with the COX-2-selective inhibitor, valdecoxib.

The authors carried out a predefined, pooled analysis of eight randomized, controlled trials (RCTs) and three long-term, open-label safety trials of valdecoxib in OA and RA. In each trial, the incidence of upper gastrointestinal ulcer complications was assessed according to *a priori* definitions. The RCTs included 7,434 patients treated for 12–26 weeks with valdecoxib (5–80 mg daily), a nonselective NSAID, or placebo. The open-label studies included 2,871 patients receiving valdecoxib (10–80 mg daily) for up to 1 year.

There was a low rate of upper gastrointestinal ulcer complications among patients treated with valdecoxib in the RCTs (0.68%) and the open-label studies (0.39%). The rate was approximately three-fold higher (1.96%) in patients receiving nonselective NSAIDs ($P = 0.018$). The difference was more pronounced when non-aspirin users were analyzed separately.

The authors conclude that valdecoxib may therefore be more appropriate than NSAIDs in the long-term treatment of arthritis symptoms.

Original article Goldstein JL *et al.* (2004) Reduced incidence of upper gastrointestinal ulcer complications with the COX-2 selective inhibitor, valdecoxib. *Aliment Pharmacol Ther* **20:** 527–538

HCV recurrence after liver transplantation

Living donor liver transplantation (LDLT) is used as an alternative to cadaveric liver transplantation (CLT) because of the shortage of cadaveric donors. Some studies, however, have indicated a more aggressive course of HCV recurrence in LDLT recipients, and this may compromise graft and patient survival. Garcia-Retortillo and colleagues have therefore carried out a prospective study to compare the course of HCV recurrence in patients receiving LDLT or CLT.

A total of 116 consecutive HCV-infected patients underwent 117 liver transplantations. Of these, 95 (81%) were CLT and 22 (19%) were LDLT procedures. Following transplantation, viral load was measured in blood samples taken at 1, 4, 12, 24 and 48 weeks. The primary endpoint of the study was severe HCV recurrence, defined as either biopsy-proven cirrhosis or clinical decompensation.

After a median follow-up of 22 months, severe HCV recurrence had developed in only 18% of the patients undergoing CLT, compared with 41% of the LDLT patients. Multivariate analysis revealed that LDLT was a strong and independent predictor of severe recurrence (odds ratio 2.5, 95% CI 1.13–5.68, $P = 0.025$).

The authors advise that these results should be taken into account in liver transplant programs. They note, however, that this was a single-center study and so the data need to be validated.

Original article Garcia-Retortillo M *et al.* (2004) Hepatitis C recurrence is more severe after living donor compared to cadaveric liver transplantation. *Hepatology* **40:** 699–707