

Aspirin and NSAIDs Might Raise Risk for Diverticulitis and Diverticular Bleeding

Moderately elevated risk was noted in an observational study.

Observational studies (with various limitations) have suggested that regular use of aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) raises risk for complications of colonic diverticulosis. This association is explored in an analysis from the observational Health Professionals Follow-Up Study.

Among 47,000 male participants, 14,000 used aspirin regularly, and 2500 used nonaspirin NSAIDs regularly (i.e., at least twice weekly). During 22 years of follow-up, 939 men reported diverticulitis, and 256 reported diverticular bleeding. In a multivariate analysis, regular aspirin use was associated with significantly elevated risks for diverticulitis (hazard ratio, 1.25) and diverticular bleeding (HR, 1.70); the same was true for regular NSAID use (HRs, 1.72 and 1.74, respectively). For both aspirin and NSAID use, these findings represent roughly one additional case of diverticular complications per 1000 person-years.

Comment: Because aspirin and NSAIDs inhibit mucosal protective mechanisms and promote bleeding, these findings are physiologically plausible. Even if the findings do reflect cause and effect, benefits of aspirin (e.g., secondary prevention of cardiovascular events) or NSAIDs (e.g., pain relief) will outweigh a small increase in absolute risk for diverticular complications in many patients. But, for some patients (e.g., those with histories of diverticulitis or diverticular bleeding who have marginal indications for aspirin or NSAIDs), this study provides reasons to avoid those drugs.

— [Allan S. Brett, MD](#)

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