NSAID Enteritis

A Practical Guide For Patients

GastroDoxs

defenders of the digestive system

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Introduction: NSAID Enteritis

NSAID enteritis is inflammation or injury of the small intestine caused by nonsteroidal anti-inflammatory drugs. Common NSAIDs include aspirin, ibuprofen, naproxen, diclofenac, and several prescription pain relievers. These medicines reduce pain, fever, and inflammation but may also weaken the protective mechanisms of the intestinal lining.

Key Takeaways

- NSAID enteritis affects the small intestine.
- It is also known as NSAID-induced enteropathy.
- Both prescription and over-the-counter NSAIDs can cause intestinal injury.
- Aspirin may also damage the small-intestinal lining.
- Injury can occur after short-term or long-term exposure.
- Many affected patients have few or no digestive symptoms.
- Possible findings include redness, erosions, ulcers, bleeding, and loss of intestinal villi.
- Chronic damage may produce thin, diaphragm-like intestinal strictures.
- Slow blood loss can lead to iron-deficiency anemia.
- Intestinal protein loss may cause low albumin and swelling.
- Capsule endoscopy can identify mucosal injuries throughout the small intestine.
- Treatment usually begins with reviewing and modifying NSAID use.

What Causes NSAID Enteritis?

Known Causes:

NSAIDs interfere with prostaglandins that help protect the digestive lining. They may also directly injure intestinal cells, reduce energy production within those cells, and weaken the barrier between intestinal tissue and digestive contents. Bile acids, bacteria, and inflammatory responses may then contribute to erosions, ulcers, bleeding, and tissue damage.

- **Ibuprofen use:** Frequent or high-dose exposure may injure the small intestine.
- **Naproxen use:** Continued use may contribute to erosions, ulcers, and bleeding.
- **Diclofenac use:** Small-bowel injuries have been observed after exposure to this prescription NSAID.
- **Aspirin use:** Low-dose or full-dose aspirin may cause intestinal bleeding and mucosal injury.
- **Multiple NSAID products:** Taking more than one NSAID increases total drug exposure.
- **Higher medication doses:** Risk may rise as the dose increases.
- **Long-term NSAID use:** Repeated exposure increases the chance of chronic damage.
- **Older age:** Older patients may have a higher risk of bleeding and complications.
- **Previous ulcers or gastrointestinal bleeding:** A prior history increases concern.

Common Signs & Symptoms

NSAID enteritis often produces nonspecific symptoms. Some patients first learn about the condition after blood tests reveal anemia or low protein levels. Others develop abdominal discomfort, diarrhea, dark stools, or symptoms of intestinal narrowing. The severity of symptoms does not always match the amount of visible intestinal injury.

Core Symptoms Include:

- No noticeable symptoms
- Central or lower abdominal discomfort
- Diarrhea or loose stools
- Indigestion
- Reduced appetite
- Fatigue or weakness



Severe cases can also cause:



- Diaphragm-like intestinal strictures
- Partial or complete bowel obstruction
- Inability to pass stool or gas
- Protein-losing enteropathy
- Significant swelling caused by low albumin
- Intestinal perforation
- Peritonitis or serious abdominal infection

Diagnosis & Medical Testing

There is no single blood test that confirms NSAID enteritis. Diagnosis usually requires a history of NSAID exposure, compatible small-intestinal findings, exclusion of other disorders, and improvement after the suspected medicine is stopped when medically possible.

Capsule endoscopy can examine areas of the small intestine that standard upper endoscopy and colonoscopy cannot reach. Device-assisted enteroscopy allows direct examination, biopsy, bleeding control, or dilation of selected strictures. Significant narrowing must be excluded before capsule endoscopy because the capsule may become trapped.

Diagnostic Tools:

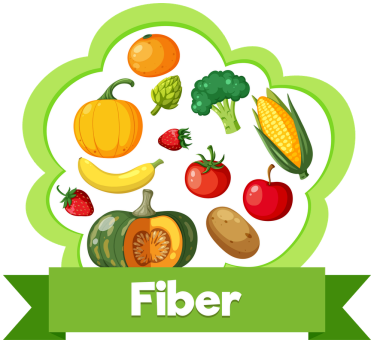
- **Stool blood testing:** Detects gastrointestinal bleeding that is not visible.
- **Fecal calprotectin:** May identify intestinal inflammation but cannot confirm NSAID enteritis by itself.
- **Stool infection testing:** Helps exclude bacterial or parasitic illness.
- **Capsule endoscopy:** Detects redness, erosions, ulcers, bleeding, and scar-related narrowing.
- **Patency capsule:** Helps determine whether a diagnostic capsule can safely pass through the intestine.
- **Device-assisted enteroscopy:** Allows examination, biopsy, treatment of bleeding, and selected stricture dilation.
- **CT enterography:** Evaluates intestinal narrowing, obstruction, perforation, or inflammation.
- **MR enterography:** Assesses small-intestinal injury without ionizing radiation.

Diet

No specific diet can reverse NSAID-related intestinal injury. Dietary care focuses on maintaining nutrition, supporting recovery, and correcting anemia or protein loss while the medication trigger and intestinal complications are addressed.

Key Insights:

- Maintain a balanced diet unless another plan is prescribed.
- Eat smaller meals when nausea, pain, or fullness occurs.
- Drink adequate fluids throughout the day.
- Replace fluids and electrolytes during persistent diarrhea.
- Include adequate protein to support intestinal healing.
- Choose lean meat, poultry, fish, eggs, beans, lentils, or tofu.
- Include iron-rich foods when iron deficiency is present.
- Pair plant-based iron sources with vitamin C-rich foods.
- Avoid alcohol if it worsens symptoms or increases bleeding risk.
- Limit foods that repeatedly aggravate abdominal discomfort.
- Follow a temporary low-fiber diet when a stricture is suspected.





Medications & Treatment Options

Stopping the responsible NSAID is the most important treatment when it can be done safely. However, some patients need aspirin for heart or stroke prevention or require anti-inflammatory treatment for arthritis and other conditions. Medication changes must therefore be coordinated with the prescribing clinician.

Treatment Options

- **NSAID discontinuation:** Removes the continuing cause of intestinal injury.
- **Dose reduction:** May be considered when the NSAID cannot be stopped completely.
- **Alternative pain relief:** Acetaminophen or non-drug pain treatments may be considered when appropriate.
- **Specialist medication review:** Balances digestive risk against cardiovascular or pain-management needs.
- **Avoidance of duplicate NSAIDs:** Prevents accidental exposure from multiple products.
- **Iron supplementation:** Treats iron-deficiency anemia.
- **Intravenous iron:** May be used when oral iron is ineffective or poorly tolerated.
- **Blood transfusion:** Treats severe or symptomatic anemia.
- **Fluid and electrolyte replacement:** Corrects dehydration caused by diarrhea, vomiting, or bleeding.
- **Misoprostol:** May promote healing of selected aspirin- or NSAID-related small-bowel ulcers.
- **Nutritional supplementation:** Corrects protein, vitamin, and mineral deficiencies.

Advanced Therapies & Procedures

Advanced treatment may be necessary when NSAID enteritis causes persistent bleeding, severe anemia, intestinal narrowing, obstruction, or perforation. The choice of procedure depends on the location, number, and severity of the intestinal lesions.

Therapy Options:

- **Capsule endoscopy:** Maps erosions, ulcers, bleeding, and other small-bowel injuries.
- **Device-assisted enteroscopy:** Reaches affected areas for diagnosis and treatment.
- **Endoscopic biopsy:** Helps exclude Crohn's disease, infection, or another disorder.
- **Endoscopic bleeding control:** Uses clips, thermal treatment, or another method when the bleeding site is reachable.
- **Balloon dilation:** Opens selected short diaphragm-like strictures.
- **Lesion marking:** Helps surgeons locate an affected intestinal segment.
- **CT angiography:** Identifies the location of active gastrointestinal bleeding.
- **Angiographic embolization:** Blocks a bleeding vessel when endoscopic treatment is unsuccessful or unsuitable.





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Coping With NSAID Enteritis

Living with NSAID enteritis involves reviewing every prescription and over-the-counter medicine, following the treatment plan, and watching for bleeding or obstruction. Patients may unknowingly take more than one product containing an NSAID because these medicines are included in some pain, headache, cold, and combination products.

Patients taking aspirin for heart or stroke prevention should not stop it independently. Gastroenterology and the prescribing clinician should work together to balance cardiovascular protection with gastrointestinal safety.

Practical Strategies

- Do not stop cardiovascular aspirin without consulting the prescribing clinician.
- Ask about non-NSAID approaches to pain management.
- Take iron and nutritional supplements exactly as prescribed.
- Complete recommended blood and stool tests.
- Monitor stools for black, maroon, or visible blood.
- Record abdominal pain, diarrhea, bloating, and vomiting.
- Monitor fatigue, dizziness, shortness of breath, and body weight.
- Attend follow-up gastroenterology appointments.
- Avoid alcohol when it increases irritation or bleeding risk.
- Report symptoms that continue after the NSAID is stopped.
- Inform future healthcare professionals about the previous intestinal injury.
- Seek urgent care for fainting, heavy bleeding, severe pain, or obstruction symptoms.



FAQS

Q1: What is NSAID enteritis?

A: NSAID enteritis is inflammation or damage of the small intestine caused by medicines such as aspirin, ibuprofen, naproxen, or diclofenac. It may cause erosions, ulcers, bleeding, protein loss, or scar-related narrowing.

Q2: What causes NSAID enteritis?

A: NSAIDs reduce protective prostaglandins and may directly damage intestinal cells. This weakens the intestinal barrier and allows bile, bacteria, and inflammatory substances to contribute to tissue injury.

Q3: How is NSAID enteritis diagnosed?

A: Diagnosis involves reviewing NSAID exposure, checking for anemia or blood loss, and excluding other intestinal diseases. Capsule endoscopy, device-assisted enteroscopy, CT or MR enterography, blood tests, and stool tests may be used.

Q4: How is NSAID enteritis treated?

A: Treatment usually begins by stopping or changing the responsible NSAID when medically safe. Iron replacement, nutritional support, specialist-directed mucosal-protective medication, endoscopic treatment, stricture dilation, or surgery may be needed when complications are present.

Take Action

If you regularly take aspirin, ibuprofen, naproxen, diclofenac, or another NSAID and develop unexplained anemia, black stools, abdominal pain, diarrhea, fatigue, or weight loss, do not ignore the symptoms. Small-intestinal injury may occur even when there is no stomach discomfort.

Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

For additional resources, visit **GastroDoxs.com**.

Your health starts with knowledge.
Take the first step today!

SCHEDULE AN APPOINTMENT



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