

Evidence-based Medicine

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Clinical Scenario

- A 64-year-old man with gastric ulcer with bleeding
- Past medical history:
 - DM, hypertension, hypercholesterolemia
- Medications:
 - aspirin 100 mg qdpc
 - glipizide 5 mg qdac 30 min
 - enalapril 10 mg qd
 - simvastatin 20 mg qd

Clinical Scenario

- After gastric ulcer bleeding stops, how to prevent cardiovascular events?

aspirin + proton pump inhibitor
vs.
clopidogrel

PICO

- **Patient**
 - 64-year-old man, multiple CV risk factors
 - GU bleeding
- **Intervention**
 - aspirin + proton pump inhibitor
- **Comparison intervention**
 - clopidogrel
- **Outcome**
 - Rebleeding
 - Cardiovascular events (MI and stroke)

Source of Evidence

- Primary database
 - Pubmed, Medline
- Secondary database
 - Cochrane Database of Systematic Review
 - ACP Journal Club
 - UpToDate

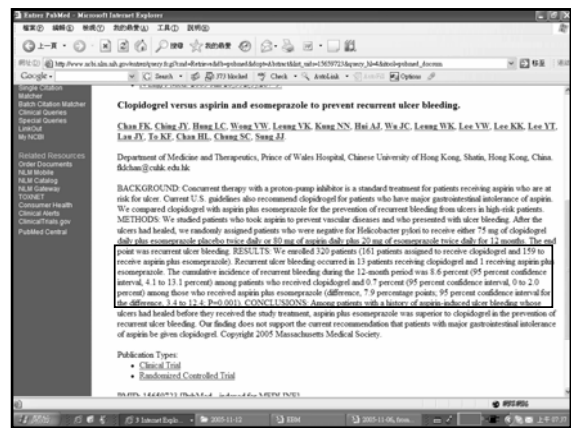
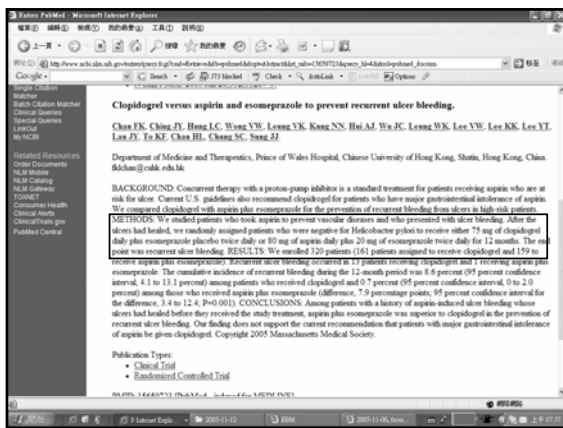
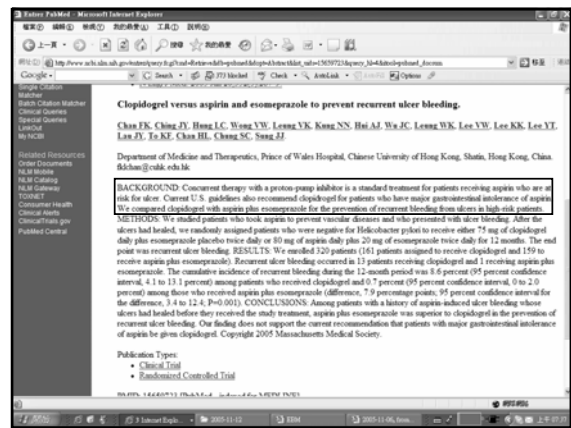
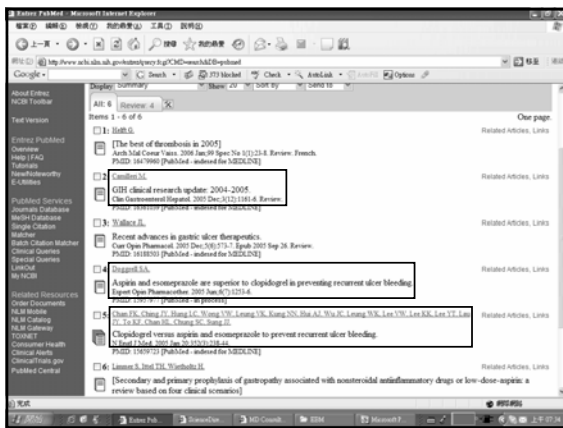
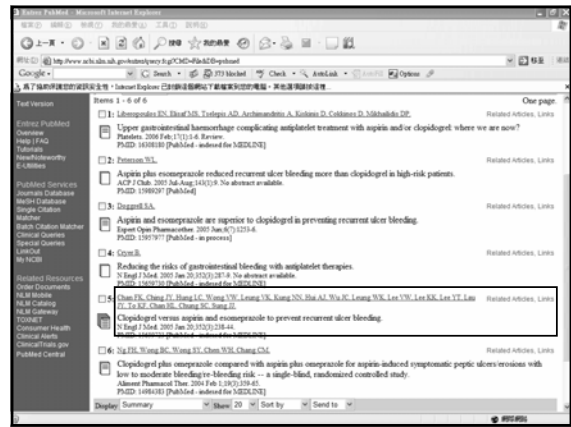
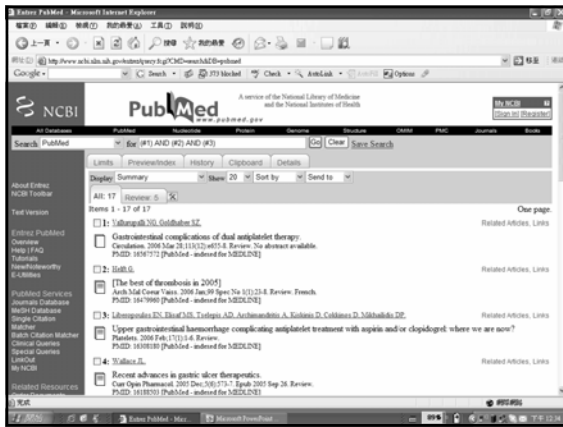
EBM Reviews - Cochrane Database of Systematic Reviews
4th Quarter 2003

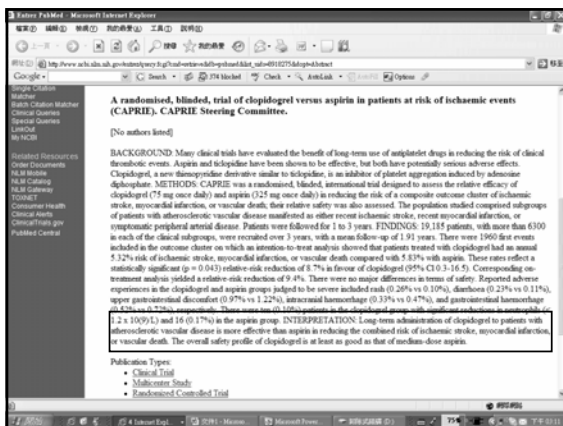
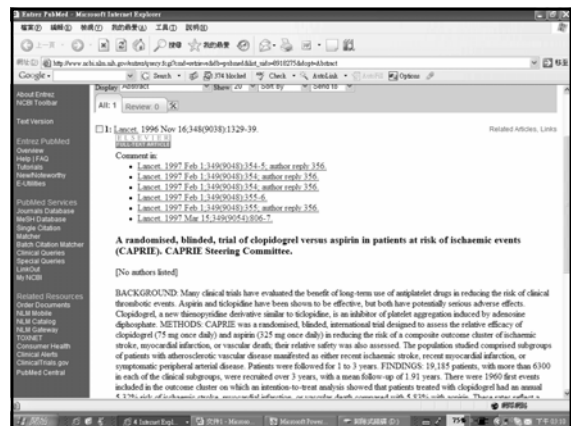
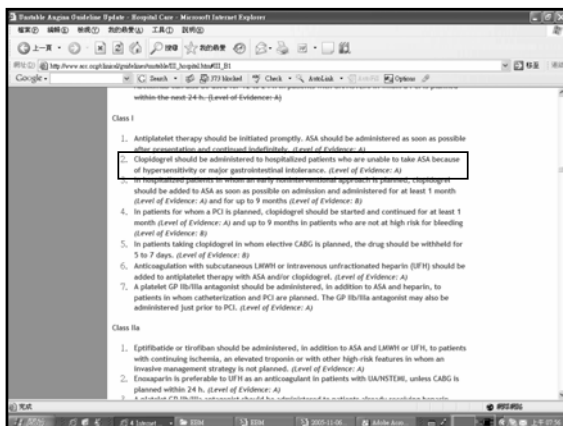
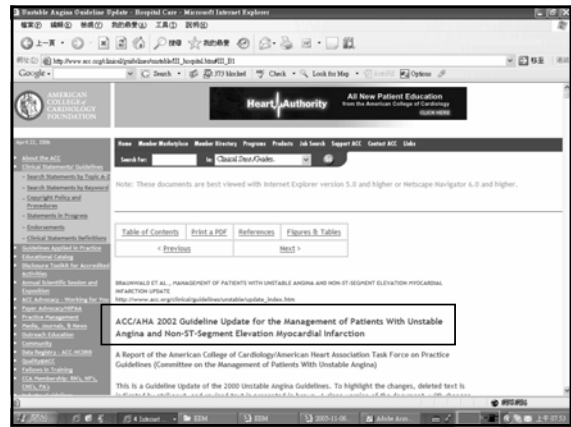
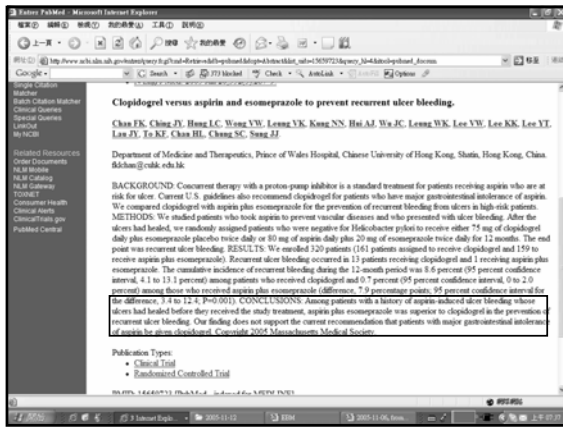
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Conclusion

- In patients with high risk for cardiovascular events and history of ulcer bleeding: aspirin plus proton pump inhibitor (esomeprazole) may be a better choice in prevention of recurrent ulcer bleeding