

**Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?**

**Lester Payne** is a 44-year-old male with no prior medical history. He quit smoking 5 years ago and drinks alcohol once per month. He presents to the clinic with a complaint of epigastric discomfort and nausea for one month that is relieved by eating. The only medication he takes is Ibuprofen due to pain after his physically demanding job. Lester has tried antacids, OTC H<sub>2</sub>Ras, and changing his diet, but the symptoms always return. H. pylori testing is negative, and the NP orders immediate discontinuation of NSAIDs.

**Assess the applicable clinical practice guideline (CPG) for your assigned client linked on the same page in the lesson where the client case is located. What treatment is recommended by the CPG for your client's situation?**

Lester's primary diagnosis is peptic ulcer disease secondary to chronic NSAID use. According to the American Collage of Gastroenterology and the American Family Physician guidelines, the recommendation for treatment is discontinuing NSAID use, initiating proton pump inhibitor (PPI) therapy, and considering alternative pain management. If Lesters' cardiovascular risk is low, the CPG recommends using a COX-2 inhibitor instead of traditional NSAIDs for pain management (Fashner & Gitu, 2015). COX-2 inhibitors have a lower risk of gastrointestinal complications. If NSAIDs must be used in the future, they should be used in combination with a PPI or misoprostol to reduce ulcer risk (Fashner & Gitu, 2015). Since the H. pylori test is negative, there is no need for eradication therapy.

**Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?**

Peptic ulcers caused by H. pylori have become much less common; at the same time, ulcers linked to NSAIDs and aspirin use have been on the rise (Almadi et al., 2024). Gastroprotective agents can significantly speed up ulcer healing, and PPIs are now the most widely used option, replacing H<sub>2</sub> blockers and prostaglandin analogs because they are more effective (Almadi et al., 2024). Lester's long-term use of ibuprofen and persistent symptoms have caused some mucosal damage. Stopping ibuprofen will allow the gastrointestinal mucosa to heal, and taking a PPI like omeprazole 40mg once daily can accelerate that process. The CPG did not provide treatment duration for PUD induced by NSAIDs. The article by Almadi et al. (2024) suggests 8-12 weeks.

**Reflect on additional questions you have about your assigned client that may influence treatment. What else do you need to**