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Reducing NSAID Prescriptions in Patients Receiving ACE Inhibitors/ARBs and Diuretics: A Quality Improvement Initiative

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Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) are widely prescribed, but their concurrent use with Angiotensin-Converting Enzyme Inhibitors (ACEIs) or Angiotensin-II Receptor Blockers (ARBs) and diuretics can significantly increase the risk of Acute Kidney Injury (AKI). This “triple whammy” of medications presents a major safety concern in hypertensive patients. At ABN Health Center, a Quality Improvement (QI) initiative was launched to address the frequent prescribing of NSAIDs to patients receiving ACE inhibitors/ARBs and diuretics. The project aimed to reduce NSAID prescriptions by 50% among these patients within three months (May to July 2024) by raising awareness among healthcare providers and educating patients on the associated risks. A multidisciplinary team implemented several interventions, including provider education on safe prescribing practices and patient counselling at the pharmacy. Data was collected monthly through audits from the health centre’s electronic medical records (Cerner) to monitor NSAID prescription rates in the target population. Over the three-month period, NSAID prescriptions in patients on ACE inhibitors/ARBs and diuretics decreased from 31% in May to 10% in July. The success of the project was attributed to improved provider adherence to prescribing guidelines and increased patient awareness of NSAID risks. This QI initiative effectively reduced the prescribing of NSAIDs in high-risk patients, enhancing patient safety and preventing medication-related AKI. The project highlights the importance of targeted education and can serve as a model for similar initiatives in other healthcare settings.