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Odds of Nonfatal Myocardial Infarction between COX-2 Inhibitors

Analysis of COX-2 inhibitors by dosage or duration was not possible because of small numbers. Only 2 case-patients used rofecoxib, 50 mg/d; 4 used rofecoxib, less than 25 mg/d; 1 used celecoxib, greater than 200 mg/d; and 3 used celecoxib, less than 200 mg/d. Thus, to examine whether differences between rofecoxib and celecoxib were due to the effects of higher dose of rofecoxib, we performed analyses after excluding patients using 50 mg of rofecoxib per day. Similarly, few case-patients used COX-2 inhibitors for less than 3 months or more than 12 months. No rofecoxib users and 2 celecoxib users reported less than 3 months of use, and only 3 rofecoxib users and 7 celecoxib users reported more than 12 months of use. Thus, to determine whether shorter (<3 months) or longer (>12 months) durations of medication affected the comparison adequately, we performed analyses separately for users and nonusers of concurrent aspirin.

To adjust for confounding, we performed multiple logistic regression analyses that a priori included risk factors plus any variable that changed the odds ratio of interest by 10% or more, with adjustment for that specific variable (24). We tested interactions with COX-2 inhibitors for all variables in Table 1 by using the product term of nonsteroidal drug type by each risk factor in multivariable regression. We also examined the association of increasing frequency of COX-2 use with nonfatal MI by using the appropriate linear term for frequency in the models with nonusers included.