OBJECTIVES: To examine the association between continuity of care and risk of potent was used in our analysis. In a concomitant drugs, especially non-steroidal anti-inflammatory drugs (NSAID) users. METHODS: Longitudinal Health Insurance Database 2005 (LHID2005) which contains one million of randomly sampled beneficiaries from National Health Insurance (NHI) in Taiwan was used to identify and follow up these NSAID users who were prescribed with NSAID more than 30 days in 2005. NSAID’s PICM was defined as if there are significant drug-drug interactions (DDI) event based on Drug Interaction Facts. The consequence of PICM has to be investigated further, health policy and regulations were controlled in logistic regression. Multiple logistic regression analysis was then applied to estimate the association between continuity of care and PICM. RESULTS: There were 52,0105 2% of LHI2005 beneficiaries using NSAID more than 30 days in 2005, and 20% of continuous NSAID users had PICM. Of which, Beta blocking agents was the most frequently prescribed and accounted for 8.79% of total PICM. Compared with lower level of COC, the odds ratios of PICM were 0.89 (95% confidence interval 0.84–0.94) and 0.81 (95% confidence interval 0.71–0.92) for medium and high levels of continuity of care when personal, physician and institutional characteristics were controlled in logistic regression. CONCLUSIONS: PICM was common for continuous NSAID users in Taiwan, especially in those who had lower level of COC. Of these continuous NSAID users, the majority (72%) had PICM, but only 4% of them were prescribed with NSAID more than 30 days in 2005. Continuous NSAID users had PICM. Of which, Beta blocking agents was the most frequently prescribed and accounted for 8.79% of total PICM. Compared with lower level of COC, the odds ratios of PICM were 0.89 (95% confidence interval 0.84–0.94) and 0.81 (95% confidence interval 0.71–0.92) for medium and high levels of continuity of care when personal, physician and institutional characteristics were controlled in logistic regression. CONCLUSIONS: PICM was common for continuous NSAID users in Taiwan, especially in those who had lower level of COC. Of these continuous NSAID users, the majority (72%) had PICM, but only 4% of them were prescribed with NSAID.