

Digestive Disease Week 2012

National Survey Reveals Majority of PPI Users Achieve Inadequate Relief

San Diego - Fewer than half of patients with gastroesophageal reflux disease (GERD) achieve adequate symptom relief from their current prescription of proton pump inhibitor (PPI) therapy, according to a large survey undertaken in the United States. Sponsored by the American Gastroenterological Association (AGA), the survey indicated that 55.3% of patients on a PPI continued to have sufficient symptoms to significantly disrupt their life. When compared to PPI users who were achieving adequate symptom control, those with persistent symptoms reported important limitations on activities of daily living.

"There have been a series of recent studies demonstrating that a substantial proportion of GERD patients on PPI therapy continue to experience symptoms, but this study suggests that greater limitations of typical treatment regimens in a general population," reported Dr. Neil Gupta, Division of Gastroenterology, University of Kansas, Kansas City.

to agree with the statement that GERD symptoms can be eliminated (OR 0.54, 95% CI 0.36 - 0.81).

"There have been limited data on the effectiveness of PPI therapy in the general population," observed Dr. Gupta, indicating that the problem may be conventional PPI regimens in standard dosages. Rather, as acid is the key pathogenic factor in GERD, it is critical to follow patients and offer alternative strategies, including higher doses of PPIs, PPIs with a longer duration of action, or more frequent PPI dosing in conjunction with lifestyle changes, particularly weight loss, that will improve symptom control.

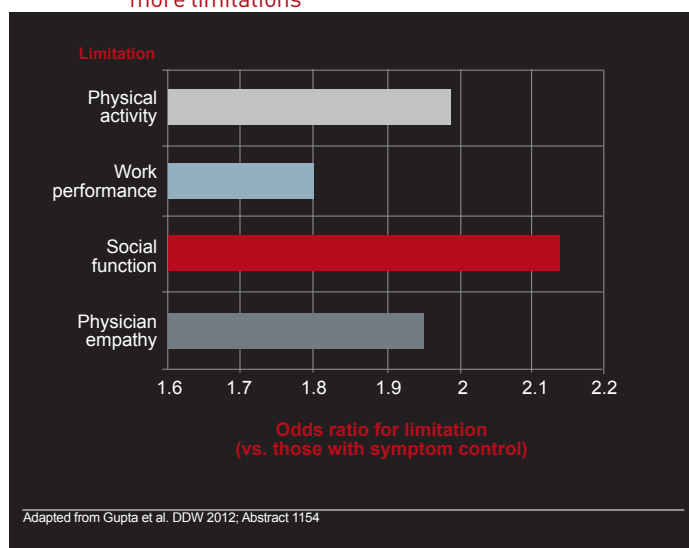
Based on the results of this study, "the impact of inadequate control of GERD is substantial in the general population," reported Dr. Gupta, who advised more rigorous monitoring of therapy response. ●

The large survey was undertaken through random dialing. The first step was to identify individuals who self-identified as having GERD based on the definition of persistent heartburn two or more times per week. Those who met this criterion underwent structured telephone interviews lasting approximately 12 minutes. The responders were questioned about medication use, symptom relief, and the impact of symptoms on daily life.

Of the 1004 individuals who self-identified themselves as having GERD and participated in the survey, 68.4% were taking a PPI. Of those on a PPI, 55.3% reported that they continued to have heartburn or other symptoms of acid reflux that significantly disrupted their life. When these individuals were compared to those with a complete or satisfactory response, they were about twice as likely on the basis of odds ratio (OR) calculations to report limitations on physical activity (OR 1.98, 95% CI 1.10 - 3.31), limitations performing work or occupational activities (OR 0.180, 95% CI 1.08 - 3.03), and limitations on social activities (OR 2.14, 95% CI 1.27 - 3.62).

Interestingly, those with an inadequate response were more likely to report that they discussed GERD symptoms at every visit with their healthcare worker (OR 1.30, 95% CI 1.05 - 1.60), yet they were also more likely to be concerned that their healthcare worker did not fully empathize or appreciate the extent of their symptoms (OR 1.95, 95% CI 1.22 - 3.13). Not surprisingly, these individuals were less likely than those who achieved symptom control of PPI

FIGURE 1 | GERD patients on PPI without symptom relief report more limitations



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