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**Literature search results**

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<td>Search completed by:</td>
<td>Richard Bridgen</td>
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**Search details**

Pharmacotherapy for gastro oesophageal reflux disease (GORD).

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; Health Business Elite; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:** GORD; GERD; GASTRESOPHAGEAL REFLUX;
“gastrooesophageal reflux”; “gastro oesophageal reflux”; “gastro esophageal reflux”; “gastrooesophageal reflux”; "gastro-oesophageal reflux"; ’reflux esophagitis’; reflux adj2 esophagitis; heartburn; “reflux gastroenteritis”; “GI disease*”; drug*; medicine*; medication; pharmacotherapy*; exp DRUGS; exp DRUG THERAPY; (therap* OR treatment* OR intervention*) adj2 (drug* OR medicine* OR medication OR pharma*); GASTROESOPHAGEAL REFLUX/DT [DT=Drug Therapy]

**Evidence search string(s):** (GORD OR GERD OR "reflux esophagitis" OR "reflux oesophagitis" OR "gastroesophageal reflux" OR “gastro-oesophageal reflux”) (drug OR drugs OR medicine OR medicines OR medication OR pharmaceutical) (therapy OR therapeutic OR therapeutics OR treatment OR treatments OR intervention OR interventions OR pharmacotherapy OR pharmacotherapies)

**Google search string(s):** (GORD OR GERD OR "reflux esophagitis" OR "reflux oesophagitis" OR "gastroesophageal reflux" OR “gastro-oesophageal reflux”) (drug OR drugs OR medicine OR medicines OR medication OR pharmaceutical) (therapy OR therapeutic OR therapeutics OR treatment OR treatments OR intervention OR interventions OR pharmacotherapy OR pharmacotherapies)

**Summary**

There is a huge amount of research on pharmacotherapy of gastro oesophageal reflux
disease. The number runs into several thousand results from MEDLINE and EMBASE. To avoid information overload can you narrow down your search with some aspect of GORD or a particular drug? In the meantime I have included CINAHL and BNI results as these proved more manageable, and may help you focus your search.

Guidelines

American College of Gastroenterology
Updated guidelines for the diagnosis and treatment of gastroesophageal reflux disease 2005

American Gastroenterological Association
Medical position statement on the management of gastroesophageal reflux disease 2008

Canadian Association of Gastroenterology
Canadian consensus conference on the management of gastroesophageal reflux diseases in adults-update 2004

Clinical Practice Guidelines and Protocols in British Columbia
Gastroesophageal Reflux Disease - Clinical Approach in Adults 2010

Gastroenterological Society of Australia
Gastro-oesophageal reflux disease in adults (5th edition) 2011

National Guideline Clearinghouse
Diagnosis and Treatment of Gastroesophageal Reflux Disease (GERD) 2012

Towards Optimized Practice
Treatment of Gastroesophageal Reflux Disease (GERD) in Adults 2009

University of Michigan Health System
Gastroesophageal reflex disease (GERD) 2012

Evidence-based reviews

AFP Evidence
Medical Treatments in the Short-term Management of Reflux Esophagitis 2008

Proton pump inhibitors (PPIs) are the most effective short-term treatment for reflux esophagitis. Histamine H2 blockers are also effective compared with placebo, but are inferior to PPIs. There is limited evidence about adverse events with these therapies, but long-term therapy with PPIs has been shown to increase hip fracture risk.

Agency for Health research and Quality
Management Strategies for Gastroesophageal Reflux Disease 2011
Managing Chronic Gastroesophageal Reflux Disease 2011
PPIs are superior to H2RAs for treating chronic GERD. Comparisons among different PPIs or among different dosages and dosing regimens of PPIs show few consistent differences. Limited studies suggest that continuous daily dosing provides improved symptom control and quality of life at 6 months when compared to on-demand dosing. Through up to 3 years of followup, surgery appears to be as effective as medication, but serious adverse effects may be more common with surgical treatments. Evidence to evaluate endoscopic treatments is lacking.

**Comparative effectiveness of management strategies for gastroesophageal reflux disease (GERD)** 2005

This report examines alternatives for managing the chronic symptoms of uncomplicated GERD in patients who may require long-term treatment. It summarizes the available evidence comparing the efficacy and safety of medical, surgical, and endoscopic interventions in the treatment of chronic GERD, particularly after long-term followup.

**Cochrane Database of Systematic Reviews**

**Short-term treatment with proton pump inhibitors, H2-receptor antagonists and prokinetics for gastro-oesophageal reflux disease-like symptoms and endoscopy negative reflux disease** 2012

PPIs are more effective than H2RAs in relieving heartburn in patients with GORD who are treated empirically and in those with ENRD, although the magnitude of benefit is greater for those treated empirically.

**Medical versus surgical management for gastro-oesophageal reflux disease (GORD) in adults** 2010

There is evidence that laparoscopic fundoplication surgery is more effective than medical management for the treatment of GORD at least in the short to medium term. Surgery does carry some risk and whether the benefits of surgery are sustained in the long term remains uncertain. Treatment decisions for GORD should be based on patient and surgeon preference.

**Database of Abstracts of Reviews of Effects**

**Esophageal reflux disease proton pump inhibitor therapy impact on sleep disturbance: a systematic review** 2013

Compared with placebo, proton-pump inhibitors improved non-polysomnography sleep disturbance-related outcomes in patients with oesophageal reflux disease.

**Patient satisfaction with medication for gastroesophageal reflux disease: a systematic review** 2012

More than a half of the patients were satisfied with their proton pump inhibitor medication in trials. More patients were satisfied with PPIs than other medication types. An association between patient satisfaction and symptom resolution was found, which suggested that patient satisfaction was a useful end point for evaluating GORD treatment success.

**Meta-analysis: the effects of placebo treatment on gastro-oesophageal reflux disease** 2010

The placebo response rate in RCTs for gastro-oesophageal reflux disease was substantial. A lower placebo response was associated with testing of proton-pump inhibitors, but not the presence of erosive oesophagitis.

**Meta-analysis: the efficacy of over-the-counter gastro-oesophageal reflux disease therapies** 2007

OTC medicines are effective in the prevention and treatment of GERD symptoms.

**Systematic review: direct comparative trials of the efficacy of proton pump inhibitors in the management of gastro-oesophageal reflux disease and peptic ulcer disease** 2006

There was insufficient evidence to establish the superiority of any one agent over all others across all disease states.

**Healing and relapse rates in gastroesophageal reflux disease treated with the newer**
proton-pump inhibitors lansoprazole, rabeprazole, and pantoprazole compared with omeprazole, ranitidine and placebo: evidence from randomized clinical trials 2004

The newer PPIs were of similar efficacy to omeprazole in terms of heartburn control, healing rates and relapse rates. All of the PPIs were superior to ranitidine and placebo in healing erosive oesophagitis and decreasing relapse rates.

Systematic review: is there excessive use of proton pump inhibitors in gastro-oesophageal reflux disease? 2004

Evidence supports on-demand PPI treatment for patients with ENRD, but there is less support for on-demand treatment for patients with EE.

Systematic review: direct comparative trials of the efficacy of proton pump inhibitors in the management of gastro-oesophageal reflux disease and peptic ulcer disease 2003

There was insufficient evidence to establish the superiority of any one agent over all others across all disease states.

NIHR Health Technology Assessments

Clinical and economic evaluation of laparoscopic surgery compared with medical management for gastro-oesophageal reflux disease: 5-year follow-up of multicentre randomised trial (the REFLUX trial) 2013

After 5 years’ follow-up, a policy of relatively early laparoscopic fundoplication among patients for whom reasonable control of GORD symptoms requires long-term medication and for whom both surgery and medical management are suitable continues to provide better relief of GORD symptoms with associated better quality of life. Complications of surgery were rare. Despite being initially more costly, a surgical policy is likely to be more cost-effective for such patients suffering from GORD who were eligible for the REFLUX trial.

NHS Economic Evaluation Database

Disease-specific cost savings of treating nighttime versus daytime gastroesophageal reflux disease in an employed population 2012

The authors concluded that their model supported the use of PPI therapy based on the cost savings that would accrue in a working population with moderate to severe GORD, and particularly with night-time GORD.

Laparoscopic fundoplication compared with medical management for gastro-oesophageal reflux disease: cost effectiveness study 2009

The authors concluded that surgery appeared to be more cost-effective than continued medical management for GORD, but there was uncertainty about the duration of the treatment effect and outcomes after failure of surgery.

The Stretta procedure versus proton pump inhibitors and laparoscopic Nissen fundoplication in the management of gastroesophageal reflux disease: a cost-effectiveness analysis 2009

The authors concluded that PPIs were the cost-effective choice for decision-makers, yielding more symptom-free months at a lower cost and having the lowest cost-effectiveness ratio, compared with the other two strategies.

A comparison of the cost effectiveness of pharmacotherapy or surgery (laparoscopic fundoplication) in the treatment of GORD 2008

The authors concluded that a surgical approach such as laparoscopic fundoplication for the treatment of GORD represented good value for money in comparison with long-term medical therapy (PPIs) from the perspective of the UK NHS. Further research on the health-related quality of life of patients on medical treatment or post-surgery should be undertaken.

Systematic review: is there excessive use of proton pump inhibitors in gastro-oesophageal reflux disease? 2007
Evidence supports on-demand PPI treatment for patients with ENRD, but there is less support for on-demand treatment for patients with EE.

**Economic analysis of on-demand maintenance therapy with proton pump inhibitors in patients with non-erosive reflux disease 2006**

The on-demand use of rabeprazole for the treatment of non-erosive reflux disease (NERD) incurred the least costs in comparison with the other proton-pump inhibitors (PPIs). Such cost-savings were mainly attributable to the reduced annual number of prescriptions.

'Proton-pump inhibitor-first' strategy versus 'step-up' strategy for the acute treatment of reflux esophagitis: a cost-effectiveness analysis in Japan 2006

In Japan, the proton-pump inhibitor (PPI)-first strategy based on lansoprazole (LAN) for the treatment of gastro-oesophageal reflux disease (GORD) was more cost-effective than the step-up approach based on ranitidine (RAN). The PPI approach also led to fewer days of medications and endoscopic examinations, which might strongly affect quality of life.

**Short-term cost effectiveness and long-term cost analysis comparing laparoscopic Nissen fundoplication with proton-pump inhibitor maintenance for gastro-oesophageal reflux disease 2006**

From the perspective of the National Health Service (NHS), the use of laparoscopic Nissen fundoplication (LNF) to treat gastro-oesophageal reflux disease (GORD) may be cost-saving after 8 years in comparison with proton-pump inhibitor (PPI) maintenance therapy.

**Cost-effectiveness comparison of current proton-pump inhibitors to treat gastro-oesophageal reflux disease in the UK 2005**

The current model, incorporating real-life treatment patterns, showed that only treatment scenarios with generic omeprazole and rabeprazole were economically viable and that rabeprazole was a cost-effective treatment option compared with all other available proton-pump inhibitors (PPIs).

**Low-dose or standard-dose proton pump inhibitors for maintenance therapy of gastro-oesophageal reflux disease: a cost-effectiveness analysis 2005**

A standard-dose proton-pump inhibitor (PPI) would seem to be the most effective and least costly strategy for the maintenance management of patients with gastrooesophageal reflux disease (GERD) in Hong Kong.

**Cost effectiveness of esomeprazole compared with omeprazole in the acute treatment of patients with reflux oesophagitis in the UK 2004**

The authors concluded that esomeprazole was a cost-effective treatment for reflux oesophagitis in comparison with omeprazole. This conclusion was robust and held under several scenarios.

**Cost effectiveness of proton pump inhibitors in gastro-oesophageal reflux disease without oesophagitis: comparison of on-demand esomeprazole with conventional omeprazole strategies 2004**

Compared with the omeprazole continuous and intermittent strategies (OME-CONT and OME-INT, respectively), on-demand esomeprazole (ESO) 20 mg led to better effectiveness and lower costs in the treatment of patients with gastro-oesophageal reflux disease (GORD) without oesophagitis in the UK.

**Esomeprazole 20 mg on-demand is more acceptable to patients than continuous lansoprazole 15 mg in the long-term maintenance of endoscopy-negative gastro-oesophageal reflux patients: the COMMAND study 2004**

The authors concluded that in patients with endoscopy-negative GERD, more are satisfied with on-demand treatment with esomeprazole 20 mg than with continuous treatment with lansoprazole 15 mg daily.

**The clinical and economic impact of competing management strategies for gastro-oesophageal reflux disease 2003**

The authors concluded that the strategy based on proton pump inhibitor test for the management of patients with GERD proved to be a cost-effective option in comparison with
the traditional approach, with a cost per QALY well below the threshold used to assess the cost-effectiveness of health interventions. The economic convenience of the proton pump inhibitor test was based on a reduced number of invasive diagnostic tests.

**Effectiveness and costs of omeprazole vs ranitidine for treatment of symptomatic gastroesophageal reflux disease in primary care clinics in West Virginia 2003**

The use of omeprazole and ranitidine resulted in improved clinical symptoms in patients with symptomatic gastroesophageal reflux disease (GERD). However, there was no statistically significant difference between the two regimens after 24 weeks of treatment. The total costs for the omeprazole group were $915 lower than those for the ranitidine group. Further, the results indicated that the costs are lower if omeprazole treatment is continued beyond 8 weeks.

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1. **Gastroesophageal Reflux Disease.**
   - **Author(s)** Noble, Kim A.
   - **Citation:** Journal of PeriAnesthesia Nursing, 01 April 2013, vol./is. 28/2(102-106), 10899472
   - **Publication Date:** 01 April 2013
   - **Source:** CINAHL

2. **Gastro-oesophageal reflux. Part 3: medical and surgical treatment**
   - **Author(s)** Al Talalwah, Narmeen, Woodward, Susan
   - **Citation:** British Journal of Nursing, Apr 2013, vol. 22, no. 7, p. 409-415, 0966-0461 (April 11, 2013)
   - **Publication Date:** April 2013
   - **Source:** BNI
   - Available in print at Pilgrim Hospital Staff Library
   - Available in fulltext from British Journal of Nursing at EBSCOhost
   - Available in print at Grantham Hospital Staff Library
   - Available in print at Lincoln County Hospital Professional Library

   - **Author(s)** Talalwah, Narmeen Al, Woodward, Sue
   - **Citation:** British Journal of Nursing, Mar 2013, vol. 22, no. 5, p. 277-284, 0966-0461 (March 14, 2013)
   - **Publication Date:** March 2013
   - **Source:** BNI
   - Available in print at Pilgrim Hospital Staff Library
   - Available in fulltext from British Journal of Nursing at EBSCOhost
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   - Available in print at Lincoln County Hospital Professional Library

4. **Self care for minor ailments : dyspepsia (indigestion) and heartburn.**
   - **Author(s)** Schroeder, Knut, Richards, Sara
   - **Citation:** Practice Nurse, Oct 2012, vol. 42, no. 15, p. 33-35, 0953-6612 (October 12,
5. Managing chronic gastroesophageal reflux disease.

**Author(s)** Seehusen DA, Escano J

**Citation:** American Family Physician, 01 October 2012, vol./is. 86/7(617-619), 0002838X

**Publication Date:** 01 October 2012

**Source:** CINAHL

Available in fulltext from American Family Physician at EBSCOhost

6. Lessons from two cases of anaphylaxis to proton pump inhibitors.

**Author(s)** Choi, S.-W., Han, J.-M., Bae, Y.-J., Lee, Y. S., Cho, Y. S., Moon, H.-B., Kim, T.-B.

**Citation:** Journal of Clinical Pharmacy & Therapeutics, 01 October 2012, vol./is. 37/5(614-616), 02694727

**Publication Date:** 01 October 2012

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7. Neonatal Mythbusters: Evaluating the Evidence For and Against Pharmacologic and Nonpharmacologic Management of Gastroesophageal Reflux

**Author(s)** Schurr, Patti, Findlater, Carla K.

**Citation:** Neonatal Network, Jul 2012, vol. 31, no. 4, p. 229-241, 0730-0832 (Jul-Aug 2012)

**Publication Date:** July 2012

**Source:** BNI

8. Combination of angiotensin II receptor blockers promotes proton pump inhibitor-based healing of reflux esophagitis.

**Author(s)** Miwa H, Hongo M, Kusano M

**Citation:** Journal of Gastroenterology, 01 March 2012, vol./is. 47/3(249-255), 09441174

**Publication Date:** 01 March 2012

**Source:** CINAHL

Available in fulltext from Journal of Gastroenterology at EBSCOhost


**Citation:** Journal of Gastroenterology, 01 March 2012, vol./is. 47/3(284-292), 09441174

**Publication Date:** 01 March 2012

**Source:** CINAHL
10. Are Proton Pump Inhibitors Safe during Pregnancy and Lactation?
Author(s) Majithia, Raj, Johnson, David A.
Citation: Drugs, 15 January 2012, vol./is. 72/2(171-179), 00126667
Publication Date: 15 January 2012
Source: CINAHL
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Author(s) Hershcovici, Tiberiu, Fass, Ronnie
Citation: Drugs, Dec 2011, vol. 71, no. 18, p. 2381-2389, 0012-6667 (December 2011)
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12. Investigation of pretreatment prediction of proton pump inhibitor (PPI)-resistant patients with gastroesophageal reflux disease and the dose escalation challenge of PPIs-TORNADO study: a multicenter prospective study by the Acid-Related Symptom Research Group in Japan.
Author(s) Furuta T, Shimatani T, Sugimoto M, Ishihara S, Fujiwara Y, Kusano M, Koike T, Hongo M, Chiba T, Kinoshita Y
Citation: Journal of Gastroenterology, 01 November 2011, vol./is. 46/11(1273-1283), 09441174
Publication Date: 01 November 2011
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13. Does BMI affect the clinical efficacy of proton pump inhibitor therapy in GERD? The case for rabeprazole.
Author(s) Pace, Fabio, Coudsy, Bogdana, Delemos, Byron, Sun, Yijun, Xiang, Jim, Lococo, John, Casalini, Stefania, Li, Honglan, Pelosi, Iva, Scarpignato, Carmelo
Citation: European Journal of Gastroenterology & Hepatology, 01 October 2011, vol./is. 23/10(845-851), 0954691X
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14. Strategies used by Jordanian women to alleviate heartburn during pregnancy.
Author(s) Khresheh, Reham
Citation: Midwifery, 01 October 2011, vol./is. 27/5(603-606), 02666138
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**Author(s)** Wood, Sarah

**Citation:** Practice Nurse, Sep 2011, vol. 41, no. 15, p. 14-19, 0953-6612 (September 23, 2011)

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**Author(s)** Zarowitz, Barbara J.

**Citation:** Geriatric Nursing, 01 July 2011, vol./is. 32/4(276-278), 01974572

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**Citation:** JAMA: Journal of the American Medical Association, 18 May 2011, vol./is. 305/19(1969-1977), 00987484

**Publication Date:** 18 May 2011

**Source:** CINAHL

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18. **Impact of pH Monitoring on Laryngopharyngeal Reflux Treatment: Improved Compliance and Symptom Resolution.**

**Author(s)** Friedman M, Maley A, Kelley K, Pulver T, Foster M, Fisher M, Joseph N

**Citation:** Otolaryngology-Head & Neck Surgery, 01 April 2011, vol./is. 144/4(558-562), 01945998

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**Author(s)** Behm, Brian W., Peura, David A.

**Citation:** Journal of Clinical Outcomes Management, 01 January 2011, vol./is. 18/1(615-623), 10796533

**Publication Date:** 01 January 2011

**Source:** CINAHL

20. **Anti-heartburn effects of a fenugreek fiber product.**

Author(s) Fujimoto K, Hongo M

Citation: Journal of Gastroenterology, 01 December 2010, vol./is. 45/12(1193-1200), 09441174

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Author(s) Pasternak B, Hvid A

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Author(s) Youssef TF, Ahmed MR

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Author(s) Reimer C, Bytzer P

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Author(s) Uwagawa T, Misawa T, Iida T, Sakamoto T, Gocho T, Wakiyama S, Hirohara S, Yanaga K

Citation: Journal of Palliative Medicine, 01 July 2010, vol./is. 13/7(815-818), 10966218

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Author(s) Selby, M

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Author(s) Futagami S, Iwakiri K, Shindo T, Kawagoe T, Horie A, Shimpuku M, Tanaka Y, Kawami N, Gudis K, Sakamoto C

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**Author(s)** Duh MS, Gosselin A, Luo R, Lohoues H, Lewis BE, Crawley JA

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**Author(s)** Shams D, Siddiqui NH, Heif MM

**Citation:** Clinical Geriatrics, 01 March 2009, vol./is. 17/3(32-37), 10701389

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**Author(s)** Szucs T, Thalmann C, Michetti P, Beglinger C

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**Author(s)** Gupta E, Hartronft S, Prange M

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**Author(s)** Grant AM, Wileman SM, Ramsay CR, Mowat NA, Krukowski ZH, Heading RC, Thursz MR, Campbell MK

**Citation:** BMJ: British Medical Journal (Overseas & Retired Doctors Edition), 10 January 2009, vol./is. 338/7686(81-84), 09598146

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Author(s) Jani K

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Author(s) Jones R, Patrikios T

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Author(s) Humayun F, Hoff PT, Robinson EA, Gunaratnam NT

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Author(s)

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<td>American Journal of Managed Care, 02 September 2007, vol./is. /3(3-), 10880224</td>
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<td>Goh K, Benamouzig R, Sander P, Schwan T</td>
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Dynogen Pharmaceuticals Inc, under license from Mitsubishi Pharma Corp, is developing pumosetrag (MKC-733, DDP-733), an orally available gastroprokinetic agent and locally acting 5-HT3 partial agonist, for the potential treatment of irritable bowel syndrome (IBS) ...
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Medical therapy of gastroesophageal reflux disease

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Abbreviations ERD: erosive reflux disease; GERD: gastroesophageal reflux disease; NERD: nonerosive reflux ...
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Intermittent and on-demand use of proton pump inhibitors in the management of symptomatic gastroesophageal reflux disease

KD Bardhan - The American journal of gastroenterology, 2003 - nature.com
... Gastroesophageal reflux disease (GERD) is a common condition in the industrialized world, as demonstrated by ... treatment of choice for long-term management, and the United Kingdom drug bill exploded. In 1996, for example, the cost of acid-suppressing drugs, of which PPIs ...
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The many manifestations of gastroesophageal reflux disease: presentation, evaluation, and treatment

... Fig. 8. Evaluation and potential causes of refractory gastroesophageal reflux disease. ... New drug treatments have primarily targeted transient LES relaxation, the common motility ... Several agents, including cholecystokinin A agonists, anticholinergic drugs, nitric oxide synthase ...
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Gastro-oesophageal reflux treatment for asthma in adults and children

PG Gibson, RL Henry... - Cochrane Database Syst ...., 2003 - Wiley Online Library
... Treatments that can help reflux include antacids and drugs to suppress stomach acids or ... searched using the terms: “asthma” AND “gastro-oesophageal reflux” OR “gastroesophageal reflux” OR gastro ... use did not find a treatment related improvement in drug consumption (Ford ...
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Short-term treatment with proton pump inhibitors, H2-receptor antagonists and prokinetics for gastro-oesophageal reflux disease-like symptoms and endoscopy ...

B Van Pinxteren, ME Numans... - ... Database Syst Rev, 2006 - Wiley Online Library
... Description of the intervention Several drugs are available for treatment of GORD. ... Why it is important to do this review There is considerable variability in the choice of initial therapy and the use of endoscopy across healthcare settings. ...
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On-demand therapy with rabeprazole in nonerosive and erosive gastroesophageal reflux disease in clinical practice: effectiveness, health-related quality of life, and ...

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... Gastroesophageal reflux disease (GERD) is a frequent and chronic disorder (1, 2). Although benign ... Antisecretory drugs, particularly proton pump inhibitors (PPIs), are the most effective option ... to improve efficacy, strategies have been designed to reduce drug