determining MIDs for the SF-36 domain and summary scores was investigated for the first time in patients with active CD. This enables a more meaningful interpretation of SF-36 scores in CD patients.

**PGI2**

**PROTON PUMP INHIBITORS FOR THE INITIAL TREATMENT OF GASTROESOPHAGEAL REFUX DISEASE (GORD) SYMPTOMS IN PATIENTS WITH REFUX OESOPHAGITIS: A SYSTEMATIC REVIEW OF RANDOMISED CONTROLLED TRIALS**

**OBJECTIVES:** To compare the efficacy of esomeprazole with that of the European licensed standard doses of PPIs for the relief of GORD-associated symptoms in patients with reflux oesophagitis (i.e. esomeprazole 40 mg once-daily compared with lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, or rabeprazole 20 mg once-daily). **METHODS:** A systematic review of CENTRAL, BIOSIS, EMBASE and MEDLINE for randomised controlled trials (RCTs) in patients with erosive oesophagitis was conducted in January 2007. Data on relief of GORD symptoms at 4 weeks were extracted and re-analysed if not analysed by intention-to-treat. The summary effect estimate (relative risk [RR]) was calculated by meta-analysis using a fixed-effects model. Publication bias was assessed using funnel plots. **RESULTS:** Of 347 papers identified in the literature search, 11 were found to be head-to-head comparisons of a standard dose of PPI and esomeprazole 40 mg. Five RCTs were excluded as they did not contain any extractable data on the required outcomes at 4 weeks. The remaining 6 RCTs were all randomised, double-blind, double-dummy, had appropriate patient follow-up, and were of sufficient quality to be included. A meta-analysis of complete resolution of heartburn showed that significantly more patients were heartburn-free with esomeprazole versus other standard-dose PPIs (RR 1.08; 95% CI 1.06 to 1.11; p < 0.00001). Heartburn resolution was consistent across all degrees of initial severity (mild, moderate, severe). There were no significant differences in treatment effect for dysphagia and epigastric pain, but significantly fewer patients had acid regurgitation with esomeprazole versus other standard-dose PPIs (RR 1.03; 95% CI 1.01 to 1.05; p = 0.002). Publication bias did not appear to affect the results significantly. **CONCLUSION:** Esomeprazole significantly improves symptoms of heartburn and acid regurgitation when compared with other standard-dose PPIs in patients with reflux oesophagitis.

**PGI4**

**ECONOMIC EVALUATION COMPARING LANSOPRAZOLE AND ESOMEPRAZOLE IN THE ACUTE MANAGEMENT OF UNINVESTIGATED DYSPESPIA**

**OBJECTIVES:** This study evaluated cost, percentage of successfully treated patients and cost per successfully treated patient comparing two branded Proton Pump Inhibitors (PPIs) often prescribed in the UK, lansoprazole (oro-dispersible tablets) and esomeprazole (tablets), for the acute management of uninvestigated dyspepsia. **METHODS:** A decision analytic model was used to simulate expected costs and outcomes in patients with uninvestigated dyspepsia indicated for treatment with a PPI. The primary outcome measure was the percentage of patients cured within eight weeks, derived from studies directly comparing with a PPI. The analysis considered use of PPI drugs, general practitioner visits, subsequent specialist consultations and endoscopy. Costs were estimated from the perspective of the UK National Health Service. Stochastic methods were used to determine confidence intervals. **RESULTS:** The expected proportion of patients healed after 8 weeks was 88.9% (95% CI 87.7%–90.1%) with lansoprazole and 92.4% (91.4–93.3%) with esomeprazole. The expected cost of treatment per patient with lansoprazole was £94.05 (£85.17–£104.58) compared with £118.94 (£110.28–£128.83) with esomeprazole. The incremental cost-effectiveness of esomeprazole compared to lansoprazole was £711.77 (£645.41–£1344.52) per additional patient achieving healing at eight weeks. Sensitivity analysis exploring cost-effectiveness over 12 weeks found a cost-effectiveness of £2213 (£1487–£4087) per additional patient achieving healing. Esomeprazole was significantly more expensive than lansoprazole (26% more at 8 weeks; 37% more at 12 weeks; p < 0.05 in both comparisons) and delivered a small but diminishing therapeutic advantage (3.9% at 8 weeks; 1.9% at 12 weeks). **CONCLUSION:** For patients presenting with uncomplicated reflux symptoms, treatment with esomeprazole was significantly more expensive than lansoprazole and its therapeutic advantage was small.