the analysis was restricted to patients who had received ≥4 prescriptions in the 6 months prior to their first lansoprazole 15 mg prescription (25%: 31/122). Amongst those patients with a specific diagnosis of GORD/RO, 37% (15/41) switched to a higher dose PPI within 6 months. Around half (52%; 16/31) of patients who returned to a higher dose had no specific reason recorded (16/31). However the most commonly recorded reason for failing on lansoprazole 15 mg was inadequate control of symptoms (35%; 11/31). **CONCLUSION:** The proportion of patients changed from standard or high dose PPI to lansoprazole 15 mg who required an increase in PPI therapy within 6 months was higher than that reported for patients treated with esomeprazole 20 mg.

PGS3

META-ANALYSIS OF PPI-BASED TRIPLE THERAPY FOR THE ERADICATION OF *HELICOBACTER PYLORI*

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OBJECTIVE: The recommended treatment for Helicobacter pylori eradication in the UK is a proton pump inhibitor (PPI) in combination with amoxicillin 1 g and clarithromycin 500 mg all twice daily for 7 days. The aim of this analysis was to compare the efficacies of the recommended PPI-based triple therapies for the eradication of *H. pylori* using omeprazole-based triple therapy as a common comparator. **METHODS:** The PPIs licensed in the UK for twice daily triple therapy are esomeprazole 20 mg (EAC), lansoprazole 30 mg (LAC), omeprazole 20 mg (OAC), pantoprazole 40 mg (PAC), and rabeprazole 20 mg (RAC). A meta-analysis of randomised controlled trials comparing a 7-day regimen of PPI-based triple therapies was conducted using omeprazole-based triple therapy as a common comparator. Data on eradication rates were extracted and re-analysed, where required, to provide "intention-to-treat" results. The primary method of calculating the summary effect estimates used a Fixed Effects model. A chi-squared test was used to assess heterogeneity for each comparison. A secondary analysis comparing 7-day regimens of PPI plus any dose of amoxycillin and clarithromycin was conducted to test the robustness of the results. **RESULTS:** The alternative strategies, compared with OAC, provided the following results—EAC (Relative Risk 1.01; 95% Confidence Interval: 0.95 to 1.08), LAC (RR 1.05; 95% CI: 0.94 to 1.17), PAC (RR 0.92; 95% CI: 0.80 to 1.06). No trials comparing rabeprazole with omeprazole using UK recommended triple therapy were found. Significant heterogeneity was detected in the LAC comparison with OAC and so these results should be treated with caution. The secondary analysis confirmed that there was no significant difference in the four alternative strategies compared to OAC. **CONCLUSIONS:** No PPI-based triple therapy was found to be significantly more efficacious than omeprazole-based triple therapy. However, esomeprazole 20 mg is the only PPI licensed in the UK for triple therapy that would be considered a low dose.

PGS4

ESOMEPRAZOLE AS MAINTENANCE THERAPY IN EROSIVE ESOPHAGITIS: A QUANTITATIVE ASSESSMENT OF EFFICACY USING AN EVIDENCE-BASED APPROACH

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OBJECTIVE: Evidence-based techniques were applied to clinical trial data of esomeprazole for maintaining healed erosive esophagitis (EE) to provide a practical, quantitative analysis of its efficacy relative to lansoprazole. **METHODS:** Patients with a history of heartburn and EE, Los Angeles Grade A–D at baseline, received esomeprazole 40 mg once daily for up to 8 weeks for healing. Those with healed EE were randomized to receive once daily esomeprazole 20 mg (n = 615) or lansoprazole 15 mg (n = 609) for up to 6 months. For this retrospective analysis, the number needed to treat (NNT), the reciprocal of the absolute risk reduction (ARR), was calculated at 6 months for all patients and for subgroups with mild disease (LA Grade A or B) and severe disease (LA Grade C or D). **RESULTS:** In this evidence-based analysis, it was determined that 11 patients with EE would need to be treated with esomeprazole to prevent one treatment failure that otherwise may occur with lansoprazole regardless of the baseline grade of EE. As the severity of disease increased (LA Grade C or D), the NNT to prevent one relapse that may otherwise have occurred with lansoprazole decreased to 6. **CONCLUSIONS:** For patients with more severe disease, the NNT was lower, indicating a greater likelihood of therapeutic success with esomeprazole versus lansoprazole. This evidence supports esomeprazole as an effective treatment for maintenance of remission and prevention of treatment failure in gastroesophageal reflux disease patients with EE.

GASTROINTESTINAL DISORDERS—Cost Studies

PGS5

ECONOMIC BURDEN OF IRRITABLE BOWEL SYNDROME (IBS): ONE YEAR RESULTS. RITMO STUDY

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