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.

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 1g 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.