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 by the Mantel-Haenszel method. The quality of RCTs included in the meta-analysis was judged according to the method of randomisation and concealment of allocation of treatments (as this is the element of RCT design likely to introduce the most bias). Publication bias was assessed using funnel plots. RESULTS: Of the 133 papers initially identified in the literature search, only 8 were found to be head-to-head comparisons of a standard dose of PPI compared with esomeprazole 40 mg. This total was reduced to six when the quality of the RCTs was assessed. From the 6 trials, a meta-analysis of endoscopic healing rates of esomeprazole 40 mg compared with standard-dose PPIs gave the following results: At 4 weeks, RR 0.92 (95% CI: 0.90 to 0.94, p < 0.00001); at 8 weeks, RR 0.95 (95% CI: 0.94 to 0.97, p < 0.00001). The effect of using all eight trials in the meta-analysis made small numerical differences to the overall estimates but did not change the direction or make a significant difference non-significant. Publication bias did not appear to have a significant impact on the results, as there was no apparent asymmetry identified in the assessment of funnel plots. CONCLUSIONS: Esomeprazole demonstrates significantly higher endoscopic healing rates when compared to standard-dose PPIs.

Efficacy of Esomeprazole in Gastro-Oesophageal Reflux Disease (GERD) in a Mexican Population

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OBJECTIVE: To show the efficacy of orally administered esomeprazole 40 mg (ESO) in patients with erosive gastro-oesophageal reflux disease (GERD) in Mexico. METHODS: We conducted an open label, prospective cohort study in 22 centers in Mexico, between June 2001 and July 2002, with patients being 18–86 years old, diagnosed with endoscopy-confirmed erosive (GERD) and classified according to Los Angeles Classification (LAC). Patients were treated with ESO 40 mg for a 4–8 week period. According to LAC, effectiveness was measured by the reflux-oesophagitis healing at 4 and 8 weeks, defined as the absence of macroscopic mucosal lesions. Symptoms and general evaluation of the treatment were secondary end points. Presence of Helicobacter pylori was assessed by clotest. The study was conducted using the ITT population. Healing at the 4 and 8 week time points was assessed with the McNemar test (p < 0.05, 95% CI). RESULTS: A total of 213 patients were included in the study: 53.32% were males, and the average age was 44.2 years (±14.63). 78.88% were diagnosed with mild to moderate GERD (Grades A & B LAC), and 38.97% were positive for Helicobacter pylori. Using gastro-oesophagitis endoscopy as the assessment method, GERD healing rate after the 4 and 8 weeks period with esomeprazole 40 mg were 88.73% (84.48%–92.98%, 95% CI) and 94.84% (91.87%–97.81%, 95% CI) respectively. No serious adverse events were reported. Treatment with esomeprazole 40 mg was well tolerated. CONCLUSIONS: Esomeprazole 40 mg proved to be effective and secure for the GERD treatment in the Mexican patients.

Esomeprazole versus Other Proton-Pump Inhibitors (PPI): Clinical and Cost Effectiveness Analysis


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OBJECTIVES: To compare the clinical and cost-effectiveness of esomeprazole and other PPI (omeprazole, lansoprazole, pantoprazole and rabeprazole) in patients with GERD. METHODS: The clinical effectiveness analysis according Cochrane Collaboration guidelines was performed. Cost-effectiveness decision model was performed from a payer’s perspective, with a time horizon of 8 weeks. RESULTS: 8, 13, 6, and 3 RCT comparing esomeprazole to lansoprazole, omeprazole, pantoprazole and rabeprazole were included. Esomeprazole 40 mg was significantly more effective compared to lansoprazole 30 mg and omeprazole 20 mg in healing reflux oesophagitis after 4 and 8 weeks (OR = 1.25 and 1.29 vs. lansoprazole; OR = 1.84 and 2.10 vs. omeprazole), Esomeprazole is also more effective than lansoprazole and omeprazole for variables evaluating reflux symptoms. Compared to pantoprazole 40 mg, esomeprazole 40 mg was statistically significantly more effective in terms of healing erosive oesophagitis after 4–6 and 8–10 weeks (OR = 1.35 and 1.36, respectively), time to reach sustained heartburn resolution and proportion of heartburn-free days. Result of a single trial showed that pantoprazole resulted in faster first-time relief from GERD-related symptoms than esomeprazole. Based on a single study comparing esomeprazole 20 mg and rabeprazole 10 mg in patients with non-erosive GERD, both treatments had similar efficacy in relief of symptoms. Triple therapy regimen with either esomeprazole or omeprazole were similarly effective in eradicating Helicobacter pylori. The safety analysis showed no significant differences in the frequency of adverse events between esomeprazole and other PPI except for headaches, which occurred more frequently in the desloratadine group than in the lansoprazole group. The ICER for esomeprazole per additional patient healed after 8 weeks was 7858 PLN (vs lansoprazole), 2608 PLN (vs lansoprazole) and 6274 PLN (vs pantoprazole). CONCLUSIONS: Esomeprazole is at least as effective as other PPI in the treatment of GERD.

Gastrointestinal Medication Use and Costs in Heart Transplant Recipients Receiving Mycophenolate Mofetil

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OBJECTIVES: Mycophenolate mofetil (MMF) has been associated with increased risk of gastrointestinal (GI) complications in transplant recipients. Our aim was to assess the risk of GI medication use in heart transplant patients receiving MMF and their health care costs over a two-year period. METHODS: US commercial claims data for 233 patients receiving heart transplants between 1995 and 2005 were linked to data from the Organ Procurement Transplant Network. Patients were placed into two groups: received MMF (MMF group) and did not (non-MMF group). MMF recipients were identified as having ≥1 pharmacy claim post-transplant for MMF. For the MMF group, use of GI medications was defined as having ≥1 prescription (HZ antagonists, proton pump inhibitors, and miscellaneous GI agents) during the year following the initial claim for MMF. For those in the non-MMF group, the commensurate 1-year period post-transplant in which the GI claim occurred was defined based on