Original Research Paper

Gastroenterology



A COMPARATIVE PROSPECTIVE STUDY TO ASSESS THE CLINICAL EFFICACY OF ITOPRIDE HYDROCHLORIDE (50MG) VS RABEPRAZOLE (40MG) IN PATIENTS WITH GERD.

Safa Hussain	
Javeria Fatima	
Nazish Ahmed	
Syeda Musharaf Begum	
Syed Ibrahim Hassan	
Mohammed Mohiuddin	

ABSTRACT Background: The chronic condition known as gastroesophageal reflux disease (GERD) causes symptoms and complications when stomach acid and contents increase into the oesophagus. Acid reflux, breathing difficulties, bad breath, tooth deterioration, chest pain and regurgitation are some of the symptoms. Barrett's oesophagus, esophageal stricture and esophagitis are all complications. Usually, cases that are refractory or when complications from reflux disease are discovered necessitate surgery (fundoplication). For the treatment of GERD, a stepwise process is used. Controlling symptoms, treating esophagitis, and avoiding complications like recurrent esophagitis are the objectives. Methods: This was a prospective observational study in department of gastroenterology carried out for a period of six months. Patient data were extracted from their medical records. The present prospective comparative study was carried out at Department of Gastroenterology in tertiary care hospital in Hyderabad for a period of six months. The patients enrolled in this study 100, having 50 patients in each group. **Results:** Our study reveals that most of the patients affected with GERD presented with Complaints of heartburn, abdominal pain, chest pain, dysphagia, nausea. The recovery rate with rabeprazole in patients with GERD was found to be 68.57%. The recovery rate with itopride hydrochloride (ganaton) was found to be 74.28%. **Conclusion:**

- The present study that is carried out showed that Itopride provided more effectiveness in treatment in patients with GERD.
- In terms of efficacy, the Itopride is more effective in altering the symptoms of GERD therby reducing the score of FSSG scale than PPI (pantoprazole) alone.
- · In terms of side effects, the Itopride shows lesser side effects when compared to PPI in patients with GERD

KEYWORDS : Comparative, Itopride, Rabeprazole, GERD

BACKGROUND

The chronic condition known as gastroesophageal reflux disease (GERD) causes symptoms and complications when stomach acid and contents rise into the oesophagus. Acid reflux, breathing difficulties, bad breath, tooth deterioration, chest pain and regurgitation are some of the symptoms. Barrett's oesophagus, esophageal stricture and esophagitis are all complications.

Pregnancy, obesity, smoking, using specific medicines and having a hiatal hernia are risk factors. NSAIDs, calcium channel blockers, benzodiazepines, tricyclic antidepressants and specific asthma medications are some of the drugs that may contribute to the disease or make it worse. Esophageal pH monitoring, gastroscopy, upper GI series, or esophageal manometry may be used to make a diagnosis in patients who do not respond to less aggressive treatments.

Usually, cases that are refractory or when complications from reflux disease are discovered necessitate surgery (fundoplication). The prognosis for surgery is regarded as excellent. In addition to gastroesophageal reflux disease, patients with complex medical conditions have higher rates of surgical morbidity and mortality.

For the treatment of GERD, a stepwise process is used. Controlling symptoms, treating esophagitis, and avoiding complications like recurrent esophagitis are the objectives. Patients with mild to moderate symptoms and grades I-II esophagitis should use H2 receptor antagonists as their first line of treatment. Cimetidine, famotidine, and nizatidine are available options. Only patients with mild symptoms can benefit somewhat from prokinetic agents; patients with more severe symptoms typically need additional acid-suppressing drugs, such as PPIs.

METHODS

The present prospective comparative study was carried out at the Department of Gastroenterology in tertiary care hospital in Hyderabad for a period of six months. The patients enrolled in this study 100, having 50 patients in each group. Group I (Rabeprazole)- and Group II (Itopride Hydrochloride).

- Patients with the following criteria were included:
- 1) Patient age 15-75 years
- 2) Patients who are willing to give verbal informed consent for the study.
- 3) Out-patients
- 4) Visit follow ups
- 5) On call follow ups
- 6) RUT-ve patients
- 7) H. Pylori-ve patients
- 8) Normal USG Abdomen patients
- Patients with the following criteria were excluded:
- 1) Patients with previous GI surgery.
- 2) Pregnant and lactating females.
- 3) APD positive patients.
- Patients with known endocrine diseases or any other metabolic diseases.
- 5) Alcoholic liver disease.

VOLUME - 11, ISSUE - 11, NOVEMBER - 2022 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

6) Patients with known hepatic or renal dysfunction.

Study Outcomes

Our study outcomes were Evaluate the symptomatic relief by either therapy to patient and to assess their effectiveness in patients with GERD, Reduce the complications of GERD such as Adult-onset esophagitis, permanent damage of esophagus etc, Improvement in clinical complaints, Avoid hospitalization, Observation of ADRs and Reducing the duration of therapy in GERD patients.

Statistical Analysis

The data was analyzed using Statistical Package for Social Service (SPSS) Version 26. Means and standard deviations (SD) were calculated for continuous variables, while frequencies and percentages were calculated for categorical variables.

RESULTS

Our study reveals that most of the patients affected with GERD presented with complaints of heartburn, abdominal pain, chest pain, dysphagia, nausea. The recovery rate with rabeprazole in patients with GERD was found to be 68.57%. The recovery rate with itopride hydrochloride (ganaton) was found to be 74.28%. The main cause of GERD symptoms includes life style modifications, spicy and junk food, stress and disturbed sleep cycle. ADRs were reported by patients.

Comparison based on adverse drug reactions

Variabl	n (%)	Drows	Alopeci	Nausea	Heada	Р
es		iness	α		che	value
	32					
Group	20	2	0	7	11	-
1	(62.5%)					
Group	12	0	1	5	6	-
2	(37.5%)					
OR(95		1.00	0.26	2.69	3.85	0.02*
% CI)		(Ref)	(0.11–0.	(0.68–4.28)	(2.68–9.	
			23)		26)	



"p value less than 0.05 or 0.05 is statistically significant"

Comparison based on effectiveness of drugs





"p value less than 0.05 or 0.05 is statistically significant"

2 ★ GJRA - GLOBAL JOURNAL FOR RESEARCH ANALYSIS

Additional Medications

Variables	Group l	Group 2	p value
Medications			
Syrup Looz	12.98 ± 5.11	7.14 ± 3.41	0.03*
Syrup Sparacid	18.54 ± 8.89	17.89±9.32	0.04
Tablet Vomikind	17.22 ± 7.25	18.85±8.26	0.23
Syrup Gerbisa	11.36±5.98	12.63 ± 5.14	0.21
Tablet A to Z Gold	12.35 ± 5.32	11.20 ± 6.31	0.12



"p value less than 0.05 or 0.05 is statistically significant"

- Group 1: rabeprazole 40 mg
- Group 2: Itopride hydrochloride 50 mg

Comparison based on MMAS



"p value less than 0.05 or 0.05 is statistically significant"

Comparison based on duration of outcome

· · · 1	Group 1 Group 2		p value		
5.85±	2.11	3.54 ± 1	.28	0.02*	
2.22±	1.02	1.45 ± 0	.28	0.21	
1.50±	0.23	1.00 ± 0.00		0.35	
1.00±0.00 1.50±0.23 1.45±0.28 2.22±1.0	.0030.00 1.50±0.23 45±0.28 2.22±1.02 3.54±1.28		-	Group 2: Roptide hydrochloride 50 mg Group 1: rabeprazole 40 mg	
2	4	6	8		
	25.0	- 73			
	5.85± 2.22± 1.50± 1.50±0.00 1.50±0.23 2.22±1.0	5.85±2.11 2.22±1.02 1.50±0.23 1.00±0.00 1.50±0.23 2.22±1.02 3.54±1.28	5.85±2.11 3.54±1 2.22±1.02 1.45±0 1.50±0.23 1.00±0 1.50±0.23 2.22±1.02 1.50±0.23 2.22±1.02 3.54±1.28 5.85±2 2 4 6	5.85±2.11 3.54±1.28 2.22±1.02 1.45±0.28 1.50±0.23 1.00±0.00 1.00±0.00 1.50±0.23 2.22±1.02 3.54±1.28 5.85±2.11 5.85±2.11	

 Mean age
 Mean age
 Aloup 1
 Aloup 2

 Age
 38.96±13.68
 42.16±14.74



1016/s0039-6109(05)70600-9



FSSG score

DISCUSSION

Itopride hydrochloride, a prokinetic benzamide derivative sold under the brand name Ganaton. These medications have a gastrokinetic effect and inhibit the enzymes that produce dopamine and acetylcholine esterase. Itopride HCl used for the treatment of functional dyspepsia and other gastrointestinal conditions. It functions as both an acetyl cholinesterase inhibitor and a D2 receptor antagonist.

The goals of treatment for GERD include symptom relief and lesion healing if endoscopic or pathologic examinations reveal esophageal mucosal damage. GERD is currently thought to be a chronic, relapsing disease like high blood pressure and diabetes mellitus, necessitating long-term treatment. The goals of treatment for GERD include symptom relief and lesion healing if endoscopic or pathologic examinations reveal esophageal mucosal damage.

The pathogenic mechanisms of GERD, such as gastrointestinal motility disorder, ineffective LES relaxation, impaired esophageal acid clearance and protracted gastric emptying, have been treated and improved with the use of prokinetic agents, among other therapeutic drugs.

Till now, no such study has been conducted which shows the combination of safety and effectiveness of itopride hydrochloride (Ganaton 50mg) vs rabeprazole (40mg) in the treatment of GERD. Clinical experiences with Itopride hydrochloride (Ganaton) 50mg is limited and additional studies are required to validate the safety and clinical effectiveness of itopride. This study will help us to know the potential effectiveness of itopride hydrochloride (Ganaton 50mg) in comparison with rabeprazole 40mg in patients with GERD. The purpose of the current study is to fill a gap in the literature regarding the function of the prokinetic drug itopride hydrochloride in GERD. The duration of therapy for GERD patients was also studied.

CONCLUSION

- The present study that is carried out showed that Itopride provided more effectiveness in treatment in patients with GERD.
- In terms of efficacy, the Itopride is more effective in altering the symptoms of GERD therby reducing the score of FSSG scale than PPI (pantoprazole) alone.
- In terms of side effects, the Itopride shows lesser side effects when compared to PPI in patients with GERD

REFERENCES

- Gerhard D. Neuroscience. 5th Edition. Yale J Biol Med. 2013;86(1):113-114. Published 2013 Mar 12. Page no. 341
- Drake, R. L., Vogl, W., Mitchell, A. W. M., & Gray, H. (2005). Gray's anatomy for students. Philadelphia: Elsevier/Churchill Livingstone. Page no. 192–194
- Colledge, Walker, B. R., Ralston, S., & Davidson, S. (2010). Davidson's principles and practice of medicine. (21st ed. / the editors, Nicki R. Colledge, Brian R. Walker, Stuart H. Ralston[]; illustrated by Robert Britton.). Churchill Livingstone/Elsevier. Page no. 838-870
- Staller, K., Kuo, B. (2013). Development, Anatomy, and Physiology of the Esophagus. In: Shaker, R., Belafsky, P., Postma, G., Easterling, C. (eds) Principles of Deglutition. Springer, New York, NY. https://doi.org/10.1007/978-1-4614-3794-9_19
- Patti MG, Gantert W, Way LW. Surgery of the esophagus. Anatomy and physiology. Surg Clin North Am. 1997;77(5):959-970. https://doi. org/10.

- Drake, R. L., Vogl, W., Mitchell, A. W. M., Gray, H., & Gray, H. (2010). Gray's anatomy for students. Philadelphia, PA: Churchill Livingstone/Elsevier. Page no. 215
- Mu L, Wang J, Su H, Sanders I. Adult human upper esophageal sphincter contains specialized muscle fibers expressing unusual myosin heavy chain isoforms. J Histochem Cytochem. 2007;55(3):199-207. https://doi. org/10. 1369/jhc.6a7084.2006
- Guyton, A. C., & Hall, J. E. (2005). Textbook of medical physiology. Edinburgh: Elsevier Saunders. Page no. 782-784
- Kahrilas PJ. Clinical practice. Gastroesophageal reflux disease. N Engl J Med. 2008;359(16):1700-1707. https://doi.org/10.1056/nejmcp0804684
- Goyal RK, Chaudhury A. Physiology of normal esophageal motility. J Clin Gastroenterol. 2008;42(5):610-619. https://doi.org/10.1097/ MCG. 0b013e31816b444d
- Dirckx, J. H. (1997). Stedman's concise medical & allied health dictionary: Illustrated. Baltimore: Williams & Wilkins. Page no. 463.
- Benjamin, S. B., & DiMarino, A. J. (2002). Gastrointestinal disease: An endoscopic approach. Thorofare, N.J.: Slack. Page no. 166.
- Gore, R. M., & Levine, M. S. (2010). High-yield imaging. Philadephia, PA: Saunders/Elsevier. Page no. 151.
 Moore, K. L., Agur, A. M. R., & Dalley, A. F. (2015). Essential clinical anatomy.
- Moore, K. L., Agur, A. M. H., & Dalley, A. F. (2015). Essential clinical anatomy. Philadelphia: Lippincott Williams & Wilkins.
- Barrett, K. E. (2014). Gastrointestinal physiology. (2nd ed.). New York: Mc Graw Hill. Chapter 7: "Esophageal Motility".
 Long, R. G., & Scott, B. B. (2005). Specialist training in gastroenterology and
- Long, R. G., & Scott, B. B. (2005). Specialist training in gastroenterology and liver disease. Edinburgh: Elsevier Mosby. Page no. 25–26.
- Ross, M. H., & Pawlina, W. (2011). Histology: A text and atlas : with correlated cell and molecular biology. Baltimore: Lippincott Wiliams & Wilkins. Page no. 571–573.
- Takubo, K. (2007). Pathology of esophagus: An atlas and textbook. Tokyo: Springer. Page no. 28.
- Young, B. (2006). Wheater's functional histology: A text and colour atlas. Edinburgh?: Churchill Livingstone/Elsevier. Page no. 86.
 Schoenwolf, G. C., & Larsen, W. J. (2009). Larsen's human embryology.
- Schoenwolf, G. C., & Larsen, W. J. (2009). Larsen's human embryology. Philadelphia: Churchill Livingstone/Elsevier.
- Mittal RK. Motor Function of the Pharynx, Esophagus, and its Sphincters. San Rafael (CA): Morgan & Claypool Life Sciences; 2011. Neuromuscular Anatomy of Esophagus and Lower Esophageal Sphincter. Available from: https://www.ncbi.nlm.nih.gov/books/NBK54272/
- Uhlén M, Fagerberg L, Hallström BM, et al. Proteomics. Tissue-based map of the human proteome. Science. 2015;347(6220):1260419. https://doi.org/10. 1126/science.1260419
- Mittal RK, Rochester DF, McCallum RW. Sphincteric action of the diaphragm during a relaxed lower esophageal sphincter in humans. Am J Physiol. 1989; 256(1 Pt 1):G139-G144. https://doi.org/10.1152/ajpgi.1989.256.1.g139