



Effects of cisaprid and losec on gastroesophageal reflux disease

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Author contributions: All authors contributed equally to the work.

Original title: *China National Journal of New Gastroenterology* (1995-1997) renamed *World Journal of Gastroenterology* (1998-).

Received: December 11, 1995

Revised: February 21, 1996

Accepted: July 19, 1996

Published online: September 15, 1996

Abstract

AIM: To observe the effects of cisapride and losec (omeprazole) on gastroesophageal reflux disease (GERD).

METHODS: Seventeen patients with reflux symptoms and excessive gastroesophageal reflux confirmed by esophageal pH monitoring participated in this study. Nigh male and 8 female, with mean age 46.9 ± 3.6 years. Cisapride (CIS) or cisapride plus losec (CIS + LOS) was given by double blind style. In LOS group, subjects administered losec, 20 mg per day. In CIS + LOS group, subjects took cisapride 10 mg, qid and losec 20 mg per day. Duration of treatment was 10 d. Symptoms score and radionuclide gastroesophageal reflux test (300 μ ci 99m Tc) with r camera were performed before and after 10 d of administration of medications.

RESULTS: (1) Data on sex, age, symptom score and DeMeester Score of esophageal pH monitoring in both groups were comparable. (2) Following 10 d of treatment, symptom score of heartburn, acid regurgitation and chest pain were significantly improved, 6.40 ± 0.20 vs 0.09 ± 0.03 ($P < 0.001$), 4.55 ± 0.15 vs 2.91 ± 0.22 ($P < 0.01$), 2.91 ± 0.22 vs 0 ($P < 0.01$) in LOS group, and 5.56 ± 0.08 vs 0.04 ± 0.15 ($P < 0.001$), 4.98 ± 0.22 vs 0.33 ± 0.11 ($P < 0.05$), 1.33 ± 0.24 vs 0.89 ± 0.01 ($P < 0.05$) in CIS plus LOS group, respectively. CIS plus LOS rather LOS alone showed improvement of food regurgitation and short breath.

CONCLUSION: Both losec or losec plus cisapride improved heartburn, acid regurgitation, chest pain in patients with GERD. However, cisapride plus losec rather omeprazole alone improved not only food regurgitation and short breath, also reduced gastroesophageal reflux objectively, suggesting that it is necessary to combine acid inhibitory agent with prokinetic agent when severe gastroesophageal reflux.

Key words: Cisapride; Losec; Gastroesophageal reflux disease

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Zheng Y, Ke MY, Wang ZF. Effects of cisaprid and losec on gastroesophageal reflux disease. *World J Gastroenterol* 1996; 2(Suppl1): 186 Available from: URL: <http://www.wjgnet.com/1007-9327/full/v2/iSuppl1/186.htm> DOI: <http://dx.doi.org/10.3748/wjg.v2.iSuppl1.186>

E- Editor: Liu WX



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