

Esomeprazole

A Viewpoint by Peter Katelaris

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The management of gastro-oesophageal reflux disease was revolutionised by the advent of omeprazole as the first available proton pump inhibitor (PPI) more than 15 years ago. However, even with this class of drug, healing of oesophagitis and relief of symptoms is not universal.

The recognition that the *S*-isomer of omeprazole gave higher plasma concentrations and better control of intragastric pH than the *R*-isomer or the racemic mixture of omeprazole has led to the development of esomeprazole as a new PPI. This enhanced effect appears to be due to the more equal metabolism of esomeprazole by the hepatic P450 (CYP) 2C19 and 3A4 metabolic pathways and lower inter-patient variability.

The comparative data available to date demonstrate that esomeprazole heals oesophagitis and relieves reflux symptoms significantly better and faster than omeprazole. In a number of compari-

sons with omeprazole, the magnitude of the advantage with esomeprazole appears to be about 10% and this represents a significant clinical benefit over an existing very efficacious agent. This improvement is most marked with esomeprazole 40mg compared with omeprazole 20mg, although a lower dose of esomeprazole (20mg) has also been shown to be effective as maintenance therapy. Clinical comparisons with other PPIs are awaited but intragastric pH studies suggest an advantage. Importantly, large studies have demonstrated that 'on demand' therapy with esomeprazole is an effective way to control symptoms in most patients with endoscopy-negative reflux disease. This is important for clinical management and may also offer economic benefit. As expected, use of esomeprazole in *Helicobacter pylori* eradication therapy and safety data for esomeprazole appear to be similar to findings with omeprazole.

Esomeprazole thus represents a refinement in PPI therapy. Studies are required to determine the most cost-effective way to use this agent in all grades of oesophagitis, both for initial and maintenance therapy. ▲