

Intravenous Esomeprazole

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Proton pump inhibitors have revolutionised the treatment of gastro-oesophageal reflux disease owing to their profound inhibition of gastric acid secretion. Their ability to control 24-hour intragastric pH and, in particular, maintain a pH above 4 is important for healing of acid peptic lesions in the oesophagus. Despite their success in treatment of all forms of acid-related disorders a few shortcomings remain: a wide intersubject variability in gastric acid suppression has been demonstrated with the first-generation proton pump inhibitors and imperfect healing rates reported in those with the most severe grades of erosive reflux disease (Los Angeles grades C and D).

Esomeprazole, an optical isomer of omeprazole with a slower metabolic clearance and a longer

duration of intragastric pH control over 24 hours, has been available in an oral formulation worldwide since 2000 and has proved to be a valuable addition, especially in patients with severe reflux disease. Oral esomeprazole is well tolerated and will keep almost all reflux patients in long-term remission.

Intravenous esomeprazole administered once daily provides effective gastric acid control and will result in higher intragastric pH levels (favouring healing of acid-induced lesions) during the first days of administration compared with oral esomeprazole. As would be expected, intravenous esomeprazole is well tolerated with an adverse event profile similar to that of oral esomeprazole and other proton pump inhibitors.

Intravenous esomeprazole is a useful addition, especially during the first days of acid inhibitory therapy and in patients who can not take oral drugs. ▲