

Lansoprazole in the Treatment of Gastro-oesophageal Reflux Disease in Children and Adolescents

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Gastro-oesophageal reflux disease (GORD) in children and adolescents usually causes nonerosive oesophagitis rather than erosive oesophagitis; however, significant impairment in the quality of life of these patients and their caretakers does occur. Their symptoms are significant enough to require pharmacological treatment, since lifestyle measures by themselves are either difficult to follow consistently or ineffective.^[1]

Although treatment of GORD is usually limited to 2–3 months, symptoms frequently relapse on discontinuing therapy. It is also observed that symptoms may not be relieved by histamine H₂-receptor antagonists if these are used as first-line medications. Step-up to proton pump inhibitors (PPIs) as a single daily dose or even a further step-up to twice a day is not unusual. Thus, long-term pharmacotherapy is frequently needed even in this age group.

A retrospective review of 109 children requiring long-term continuous treatment with several different PPIs for a mean duration of 38.8 months showed that the majority of patients tolerated it well.^[2] Minor gastrointestinal side effects were seen in 12% of this cohort. All patients had at least one follow-up

upper endoscopy after at least 1 year of continuous PPI use. A polyp was seen in one patient and no nodules were seen. Elevations in gastrin level were seen in 73% of subjects; however, only parietal cell hyperplasia was seen on histology.

The review of lansoprazole in this issue discusses its use in the 1–17 year old age group for short-term use. With its availability in many different forms, lansoprazole is proving to be a very versatile medication. As the orally disintegrating tablet it can be efficiently administered via tubes; this has proved to be a boon for administration to developmentally challenged patients who cannot swallow. In the past, use of the PPI class of medications was a challenge in these patients, as the suspensions have not been easy to use via tubes. These medications are needed for prolonged periods in these patients for better management of symptoms and the prevention of complications of GORD.

We should anticipate much wider use of lansoprazole and other PPIs in patients aged 1–17 years. It also appears that PPIs are being used as first-line agents in the management of children as well as adults with GORD. ▲

References

1. Khubchandani S, Tolia V. Dietary management of gastroesophageal reflux: from infancy to adolescence. *Current Nutrition and Food Science* 2005; 1: 129-34
2. Tolia VK, Boyer K. Long-term proton pump inhibitor use: safety in a cohort of 109 children [abstract no. M1069]. *Gastroenterology* 2005; 128 (4 Suppl. 2): A-302