

Paroxetine Eases Irritable Bowel Syndrome Effects

BY MITCHEL L. ZOLER
Philadelphia Bureau

PARIS — Treatment with paroxetine led to a significant improvement in the clinical status of patients with irritable bowel syndrome in a randomized, placebo-controlled study with 74 patients.

Results from open-label studies had suggested that selective serotonin reuptake in-



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DR. MASAND

hibitors might be beneficial for patients with irritable bowel syndrome (IBS), but this was the first double-blind, placebo-controlled study to test the hypothesis, Prakash S. Masand, M.D., said in a poster presentation at the 24th Congress of the Collegium Internationale Neuro-Psychopharmacologicum.

The study's primary efficacy end point was improvement in symptom severity based on a symptom diary. This analysis has not been completed. The current report focused on the study's two secondary efficacy end points: the percent-

age of patients with an increase of one or two points in their Clinical Global Impression-Improvement (CGI-I) scale score and the percentage of patients with a drop in their Clinical Global Impression-Severity (CGI-S) scale score of at least 1 point. The study was funded by Glaxo-SmithKline, which markets paroxetine (Paxil).

The study enrolled patients aged 18-75 years old who met the modified Rome II criteria for IBS and had IBS symptoms for at least 1 year. The average age of the patients was 49 years old, 81% were women, and 75% were white, said Dr. Masand, director of the psychopharmacology consultation program at Duke University in Durham, N.C.

Of 92 patients screened, 76 met the entry criteria; 2 of these patients responded during the placebo run-in phase and so were excluded. The remaining 74 patients were randomized to treatment with 12.5-50 mg of controlled-release paroxetine per day or placebo. Treatment

continued for 12 weeks and then patients were tapered off of treatment. The average was 33 mg/day.

During the study, five patients dropped out from the paroxetine group and four from the placebo group. The efficacy analysis was done on an intention-to-treat basis with the last observation carried forward for the dropouts.

With the efficacy criterion of an increase in the CGI-I score of 1 or 2 points, 26 patients in the paroxetine group met this standard (70%), compared with 15 in the placebo group (41%), a statistically significant difference, Dr. Masand reported. When the criterion of an improvement in

the CGI-S scale of at least 1 point was used, 21 patients in the paroxetine group (57%) met this standard, compared with 10 (27%) in the placebo group, also a statistically significant difference.

Common adverse effects were drowsiness in 36% of patients treated with paroxetine

and 24% on placebo, and female genital disorders in 26% of paroxetine patients and 12% of placebo patients. ■

Modified Rome II Symptom Criteria

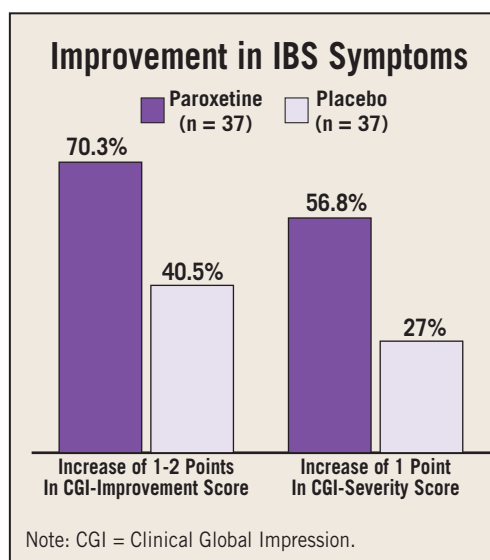
At least 12 weeks or more, which need not be consecutive, in the preceding 12 months of abdominal discomfort or pain that has two out of three features:

- ▶ Relieved with defecation.
- ▶ Onset associated with a change in frequency of stool.
- ▶ Onset associated with a change in form (appearance) of stool.

Other symptoms that are not essential but support the diagnosis of IBS:

- ▶ Abnormal stool frequency (greater than three bowel movements/day or less than three bowel movements/wk).
- ▶ Abnormal stool form (lumpy/hard or loose/watery stool).
- ▶ Abnormal stool passage (straining, urgency, or feeling of incomplete evacuation).
- ▶ Passage of mucus.
- ▶ Bloating or feeling of abdominal distension.

Source: Dr. Masand



Esomeprazole No Better Than Placebo for Reflux Laryngitis

BY DOUG BRUNK
San Diego Bureau

NEW ORLEANS — The proton pump inhibitor esomeprazole was no more effective than placebo in resolving signs and symptoms of suspected reflux laryngitis in a 16-week multicenter study.

"Although this study shows there is no response, I don't want to give the impression that there is no such thing as reflux laryngitis," Michael Vaezi, M.D., said at the annual Digestive Disease Week. "There is such a thing, it's just that it is not as prevalent as perhaps once believed. That's what this study is showing."

He added that the diagnosis of reflux laryngitis "based on laryngeal sign is unpredictable."

Dr. Vaezi and his associates enrolled patients with suspected reflux laryngitis based on one or more symptoms: throat clearing, cough, globus, sore throat, or hoarseness for more than 3 consecutive months, or a score of at least 5 on a laryngeal sign index based on a videostroboscopic evaluation of erythema and other laryngeal signs suggesting reflux etiology.

A 1-week run-in period identified pa-

tients with moderate symptom severity for at least 3 of 7 days. Patients with moderate to severe heartburn were excluded.

Of the 145 patients in the study, 95 received 40 mg esomeprazole (Nexium) twice daily and 50 received placebo. The researchers assessed symptoms by patient diary, and laryngoscopy was repeated at weeks 8 and 16. Baseline symptoms were similar between groups: In each, 50% had throat clearing, 20% had hoarseness, 13% had cough, 9% had globus, and 8% had sore throat.

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At the end of the study, 42% of patients in the esomeprazole group reported improvement of suspected reflux laryngitis symptoms, compared with 46% of patients in the placebo group, while reported resolution of symptoms occurred in 14.7% of patients in the esomeprazole group and 16% of patients in the placebo group.

Improvement in the reflux laryngitis index over time was also similar between groups, said Dr. Vaezi of the department of gastroenterology and hepatology at the Cleveland Clinic Foundation.

AstraZeneca, which manufactures Nexium, sponsored the trial. ■

Apnea and Hypoxia Are Rarely Associated With Reflux

BY DOUG BRUNK
San Diego Bureau

NEW ORLEANS — Sleep apnea and hypoxia are rarely associated with gastroesophageal reflux and probably are not important causes of increased acid exposure, Anthony DiMarino Jr., M.D., reported at the annual Digestive Disease Week.

"The cause of nocturnal acid reflux events is presumably due to transient lower esophageal sphincter relaxation," said Dr. DiMarino, chief of the division of gastroenterology and hepatology at Thomas Jefferson University Hospital, Philadelphia. "It is not related to nocturnal respiratory changes of apnea or hypoxia."

He and his associates studied 16 patients with self-described insomnia on two separate nights in the Jefferson Sleep Disorders Center using simultaneous polysomnography and esophageal pH monitoring. The researchers noted each episode of sleep apnea, central sleep apnea, obstructive sleep apnea, hypopnea, hypoxia, and awakening (a period of wakefulness lasting for at least 15 sec-

onds), and determined their relationship with gastroesophageal reflux events.

A decrease in the esophageal pH below 4.0 was considered a significant reflux event. Reflux events were associated with arousals if they occurred 5 minutes prior to the sleep event.

The average age of patients was 41.3 years and their mean body mass index was 25 kg/m². Ten of the 16 patients were men.

The researchers recorded 240 apnea episodes, of which 13 were associated with reflux. Of the 27 obstructive apnea episodes, 1 was associated with reflux.

"The majority of reflux events were not associated with apnea, and there was no consistent relationship of the reflux events to the type of apnea or hypopnea," Dr. DiMarino said.

The researchers recorded 44 hypoxia events, of which 9 were associated with reflux. In addition, there were 61 awakenings associated with the 240 apnea episodes, and 27 awakenings associated with the 44 hypoxia events. This suggests that sleep awakenings are related to apnea and hypoxia, but they do not cause reflux as a secondary event, he said. ■

'There was no consistent relationship of the reflux events to the type of apnea or hypopnea.'