

Continued from previous page

inflammation, according to the report.

In terms of treating the disease, dietary therapy in particular should be considered in all children diagnosed with the condition, as there is strong circumstantial evidence that food allergens contribute to the pathogenesis of the disease in children. In fact, "the removal of food antigens has clearly been demonstrated to successfully treat both the symptoms and the underlying histopathology in the majority of patients with EE," the authors wrote. Toward this end, allergy testing and clinical history can help guide specific food elimination,

they stated, adding that consultation with a registered dietitian is advisable to ensure that proper nutrition is maintained.

Corticosteroids can effectively resolve acute clinicopathologic features of EE, but the disease typically recurs when the steroids are stopped. And while systemic corticosteroids have a role in emergent cases, including dysphagia requiring hospitalization, dehydration because of swallowing difficulties, and weight loss, the potential for significant toxicity over time should preclude their long-term use, the authors stated. Topical corticosteroids have also shown some efficacy and are associated with fewer side effects, they noted.

Although gastric acid is not thought to be the primary mediator of EE, acid suppression may be considered as cotherapy in patients with established disease who have symptoms secondary to GERD.

For patients who present with symptomatic esophageal narrowing secondary to fixed strictures causing food impaction, esophageal dilatation may be a useful treatment option, the authors wrote. To minimize the risk of mucosal tearing and perforation, however, "a diagnostic endoscopy with biopsy followed by medical or dietary therapy for EE should be attempted prior to performing esophageal dilatation," they stressed. And the esophagus should be in-

spected, either radiographically or by gentle endoscopic examination, after dilation to assess for laceration injury before performing larger caliber dilation.

Biologic agents that specifically target eosinophil activity may present a unique treatment opportunity for some patients with EE; however, they cannot yet be recommended for routine use given the lack of clinical trial data to date, according to the authors.

"The motivating factor for treating all patients should be symptom relief and prevention of complications of esophageal strictures and long-segment narrowing," said Dr. Furuta. ■

Hypnotherapy Beats Standard IBS Care for Kids

WASHINGTON — Children and adolescents with functional abdominal pain or irritable bowel syndrome who were treated with hypnotherapy were cured of their illness in significantly greater numbers than were children given standard medical treatment in a randomized, controlled trial presented at the annual Digestive Disease Week.

Dr. Arine M. Vlioger of St. Antonius Hospital, Nieuwegein, the Netherlands and her colleagues randomly assigned 53 patients (mean age 13 years) with functional abdominal pain (FAP) or irritable bowel syndrome (IBS) to either hypnotherapy or standard medical therapy (SMT).

Hypnotherapy consisted of six half-hour sessions based on the Manchester protocol of gut-directed hypnotherapy, conducted over 3 months (27 patients). The hypnotherapy sessions started with relaxation and abdominal breathing exercises. Other sessions dealt with control of gut function, pain control, and thinking relaxing thoughts. The children in this arm were asked to practice the techniques twice daily. SMT comprised pain medication and avoidance of pain triggers, plus six half-hour sessions of supportive therapy (25 patients); 1 patient did not complete therapy.

Three-fourths of the patients were female, and the mean duration of the abdominal complaints was 3.4 years.

The investigators found that immediately after therapy, 59% of patients given hypnotherapy were cured (defined as having a greater than 80% improvement in pain scores), compared with 12% of patients given SMT. At 1 year, the difference remained, with 85% and 25% classified as cured, respectively.

The proportions of patients who reported no effect of treatment (defined as less than 30% improvement in pain scores) were 56% of the SMT group and 15% of the hypnosis group after therapy; at 1 year, the figures were 46% for SMT patients and 4% for those given hypnotherapy.

Hypnotherapy has been used successfully in adults with IBS, and "the quality of life in these children [pretreatment] is comparable to [that of] those with Crohn's disease or ulcerative colitis," Dr. Vlioger said at a press conference.

—John R. Bell

For the treatment of hypertension and the reduction of cardiovascular (CV) events

YOUR REMOTE CONTROL TO REDUCE CV RISK

Blood pressure control as well as wide-ranging CV protection for high-risk patients aged ≥ 55 years



ALTACE[®]
(ramipril) capsules
Take control of CV protection

ALTACE[®] is indicated for the treatment of hypertension. It may be used alone or in combination with thiazide diuretics.

ALTACE[®] is indicated in patients 55 years or older at high risk of developing a major cardiovascular event, either because of a history of coronary artery disease, stroke, or peripheral vascular disease or because of diabetes that is accompanied by at least one other cardiovascular risk factor (hypertension, elevated total cholesterol levels, low HDL levels, cigarette smoking, or documented microalbuminuria), to reduce the risk of stroke, myocardial infarction, or death from cardiovascular causes. ALTACE[®] can be used in addition to other needed treatments (such as antihypertensive, antiplatelet, or lipid-lowering therapies).

Important Safety Information

When used in pregnancy during the second and third trimesters, ACE inhibitors can cause injury and even death to the developing fetus. When pregnancy is detected, ALTACE[®] should be discontinued as soon as possible.

Common adverse events associated with ALTACE[®] include persistent dry cough, dizziness, and symptomatic hypotension. Hypoglycemia has been reported rarely in concomitant therapy with oral hypoglycemics or insulin. Rare cases of angioedema, including intestinal angioedema, have been reported. ALTACE[®] is contraindicated in patients who are hypersensitive to the product or have a history of angioedema related to previous treatment with an ACE inhibitor.

Please see adjacent brief summary of Prescribing Information.

 King Pharmaceuticals

www.kingpharm.com www.altace.com

ALTACE is a registered trademark of King Pharmaceuticals Research and Development, Inc., a wholly owned subsidiary of King Pharmaceuticals[®], Inc.
Copyright © 2007 King Pharmaceuticals[®], Inc. All rights reserved.
ALT4465 03/2007