Effectiveness of cisapride in treatment of gastro-esophageal reflux disease (GERD): an open trial

Sir,

Cisapride effect was prospectively studied in 35 symptomatic patients with gastro-oesophageal reflux disease and we followed them up over an eight week period. At the end of this period we analyzed the dosage requirement, duration of onset of action and finally, the ultimate effect of therapy on patients’ symptoms.

Twenty-six male patients and 9 female patients (age range 22-60 years) were entered in an open trial on the effectiveness of cisapride in gastro-esophageal reflux disease. They all had symptoms suggestive of gastro-esophageal disease. All patients had upper gastro-intestinal endoscopy examination. The endoscopic findings of esophagitis are recorded according to Savary-Miller classification.² Twenty-four hour ambulatory pH measurement was performed in 30 of them, (Nacro biosystem, Houston, Texas). Using De Meester² criteria, the operator interprets the reading as to whether they are indicative of reflux disorder or not.

Diagnosis of GERD was based on endoscopy and pH measurement in 22 patients, on pH measurement, only in 8 patients and on clinical grounds in 5 patients who had normal endoscopy but refused pH measurement.

Patients were then started on cisapride 5 mg tid 15 minutes before each meal and the dose was adjusted every week according to patient response. If no response, the dose was increased to 5 mg tid, then 10 mg tid, then 10 mg qid. The maximum dose reached was 10 mg qid and the maximum follow-up period was 8 weeks.

At the end of the study period, 27 (77%) patients admitted that they benefited and the global evaluation was described as: slight improvement in 5, good in 19, and excellent in 3. In 6 (17%) patients, the response was evaluated as poor, while 2 (6%) patients could not be traced as they disappeared for follow-up.

In the 27 patients who benefited, 6 did so on a dosage regimen of 5 mg bid, 11 on 5 mg tid, 8 on 10 mg tid and 2 on 10 mg bid. In the 6 (23%) patients whose symptoms did not improve, they reached a maximum dose of 10 mg tid before they were considered as nonresponders. The 27 patients who benefited have noted that their improvement occurred within 3-7 days from starting treatment.

Post treatment pH measurement was performed in only 7 patients, while repeat endoscopy was performed in only 4 patients with a severe form of the disease. In 6 out of 7 patients who had post treatment pH study, the result was remarkably better and this was consistent with good or excellent improvement on global evaluation. In the patient whose follow up pH study did not improve, the global evaluation was slight improvement.

Repeat gastroscopy in 4 patients with severe GERD, showed significant improvement in the 4 patients who had repeat examination.

Cisapride side effects were reported in 7 patients who were on different dosage regimens, (minor GI symptoms in 4 (11%), palpitation in 1 (2.8%), lightheadedness in 1 (2.8%) and blurring of vision in 1 (2.8%). The drug had to be discontinued in one patient who developed tachycardia and was later on excluded from the study. Patient’s symptoms ceased soon after discontinuation of the drug.

In a review by Richter³ global analysis of therapeutic response to cisapride showed improvement in 70-88% of patients treated. Our finding of a response rate of 77% is in keeping with those in the above mentioned Richter Report. In the vast majority of our responders (92%) the dose required was 10 mg tid or less. It is, therefore, worth trying such smaller doses first before resorting to bigger doses.

Side effects were minor and were reported in a minority of our patients. In other words, the effect of cisapride, as well as its adverse reactions, is perhaps not dose-related. Bennett reported that cisapride is devoid of antidopaminergic effects and no effects on clinical laboratory data were shown⁴.

This study also confirmed what we have shown before,⁵ that 24-hour pH measurement is more sensitive than endoscopy in establishing the diagnosis of GERD and consequently, post treatment pH analysis is a more reliable and objective means of assessing the therapeutic effect.

We observed that the severity of the disease on endoscopic examination did not always correlate well with that of the patients’ symptoms. The latter are the patients’ main concern and cisapride has clearly served the purpose of relieving them. This may justify treating a few patients on clinical grounds only.
The question for how long treatment should continue remains; and whether this safety profile of cisapride could be maintained on really long term use, as experience has shown with H2-blockers. More trials are needed before these questions are fully answered.

References


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