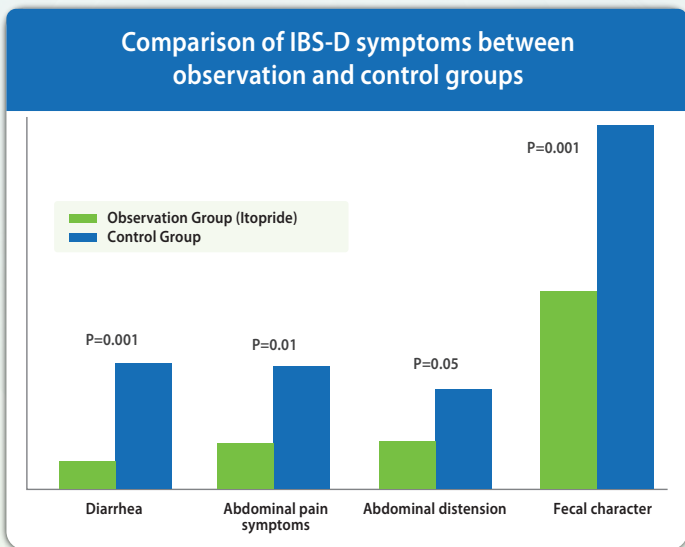


- Irritable bowel syndrome with diarrhea (IBS-D) affects a significant portion of the population, with abdominal distension being a common symptom. It can severely impact daily life, leading to discomfort, pain, and emotional distress.
- Itopride, a prokinetic agent, has shown promise in improving gastrointestinal motility and alleviating symptoms of IBS-D.
- This study investigates its efficacy in relieving abdominal symptoms, improving quality of life, and enhancing mental health in patients with IBS-D accompanied by abdominal distension.

Study design		Randomized controlled trial	
Population 80 IBS-D patients with abdominal distension	Comparator Bifidobacterium triple viable	Duration 6 weeks	Outcome <ul style="list-style-type: none"> ➤ Significant symptom improvement in diarrhea, abdominal pain and distension ($P < 0.05$) ➤ Better quality of life ($P < 0.05$)



Conclusion

- Itopride significantly reduced symptoms of IBS-D, including diarrhea, abdominal pain, and abdominal distension, compared to the control group ($P < 0.05$).
- The observation group showed a higher total effective rate (90%) in symptom improvement compared to the control group (72.5%) ($P = 0.045$).
- Quality of life scores, including physiological function, role-physical, social function, role- emotional, and bodily pain, were significantly improved in the observation group ($P < 0.05$).

Ref: Zhang X, Qi J, Zhang L, Zhang Y. A randomized controlled trial on itopride in the treatment of patients with irritable bowel syndrome with diarrhea accompanied by abdominal distension. Int J Clin Exp Med. 2019;12(9):11618-11624.

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Itopride hydrochloride 50 mg tablet



Itopride hydrochloride

next generation, dual acting gastrointestinal prokinetic for fast & satisfactory relief from symptoms of gastric motility disorders

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Dual Action. Fast Relief.

Drug Review

Gastric motility disorder^{1,2,3,4}

- Gastrointestinal (GI) motility disorders encompass a wide array of signs and symptoms and functional dyspepsia (FD) and gastroparesis are the main associated syndromes.
- FD diagnosed based on the Rome IV criteria- The presence of one or more of the following symptoms: epigastric pain or burning, early satiety, and postprandial fullness in the absence of structural disease.
- Prokinetic agents are the mainstay therapy for FD and gastroparesis, to improve gastric emptying and relieve symptoms.
- Conventional prokinetics (e.g. domperidone, metoclopramide) only block dopamine D2 receptors (DD2R) but have no effect on acetylcholinesterase. Thereby, complete relief of functional dyspepsia symptoms can not be achieved.

Itopride (Itonorm) - next generation dual acting gastrointestinal prokinetic

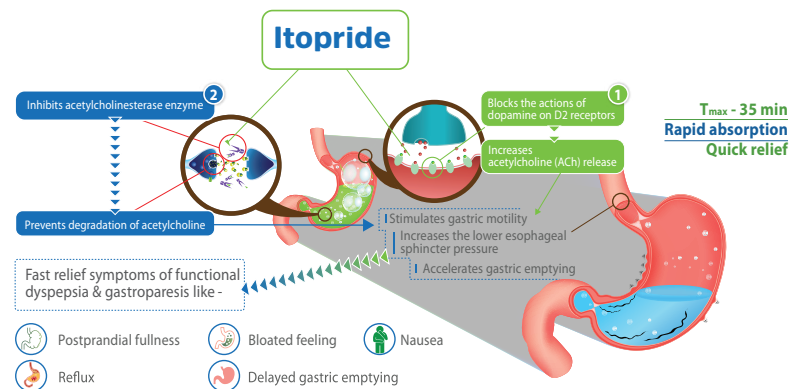


Figure: Mechanism of action of Itopride

Proven Safety and results^{6,7,8,9,10}

- Itopride does not cross the BBB hence exerts no CNS effects (e.g. headache, nausea, dyskinesia). It does not cause hyperprolactinemia and has no impact on QT interval, as a result doesn't affect heart rate.
- The drug is metabolized by flavin-containing monooxygenase 3 (FMO3) pathway hence no drug-drug interactions with CYP450 inhibitors.
- Itopride is a relatively safer molecule compared with other prokinetics, with no extrapyramidal symptoms or cardiotoxicity concerns, can be used for long-term in GI motility disorders either alone or in combination with other drugs.
- Itopride has good efficacy in terms of global patients' assessment, postprandial fullness, and early satiety in the treatment of patients with FD and shows a low rate of adverse reactions.
- Significant improvement in glycaemic indices was also evident posttreatment with itopride. Itopride showed effectiveness in addressing symptoms of reduced GI motility in patients with diabetes, with improved quality of life.
- Itopride 100 mg t.i.d is effective in decreasing pathologic reflux in patients with GERD and therefore it has the potential to be effective in the treatment of this disease.

Ref: 1. Brian E. Lacy, Kirsten Weiser; Gastrointestinal Motility Disorders: An Update. Dig Dis 1 July 2006; 24 (3-4): 228-242.; 2. the treatment of dysmotility. EMJ Gastroenterol. 2014;3:42-7.; 3. Oshima T. Functional Dyspepsia: Current Understanding and Future Perspective. Digestion. 2024;105(1):26-33.; 4. Camilleri M, Atieh J. New Developments in Prokinetic Therapy for Gastric Motility Disorders. Front Pharmacol. 2021 Aug 24;12:711500.; 5-Dite, Petr & Rydlo, Martin & Dockal, Milan & Martinek, Arnost. (2014).; 6-7. Huang X, Lv B, Zhang S, Fan YH, Meng LN. Itopride therapy for functional dyspepsia: a meta-analysis. World J Gastroenterol. 2012 Dec 28;18(48):7371-7. ; 8-a new prokinetic, in patients with mild GERD: a pilot study. World J Gastroenterol. 2005 Jul 21;11(27):4210-4.; 9. Rai RR, Choubal CC, Agarwal M, Khaliq AM, Farishta FJ, Harwani YP, Kumar SY. A Prospective Multicentric Postmarketing Observational Study to Characterize the Patient Population with Reduced Gastrointestinal Motility among Indian Diabetic Patients Receiving Itopride: The Progress Study. Int J Appl Basic Med Res. 2019 Jul-Sep;9(3):148-153. ; 10. Chaudhuri, S. (2023). Role and safety of prokinetic drugs in the treatment of upper gastrointestinal motility disorders: an Indian perspective. International Journal of Research in Medical Sciences, 11(10), 3937-3944.