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Efficacy and safety of pantoprazole and itopride in patients with overlap of GERD and dyspepsia: A prospective, open-label, single-arm pilot study

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- Up to 41.5% of GERD patients have overlapping dyspepsia, and nearly 40% remain partially or completely refractory to standard PPI therapy. Persistent symptoms are often driven by impaired gastric motility in addition to acid reflux.
- PPI monotherapy suppresses acid but does not correct underlying motility disturbances or LES dysfunction. Combination therapy with a prokinetic may provide synergistic benefit in refractory GERD with dyspepsia overlap.
- This prospective pilot study evaluated the efficacy and safety of pantoprazole 40 mg + itopride 150 mg fixed-dose combination (FDC) over 6 weeks. Symptom improvement was assessed using the validated GSAS distress scoring system.

Study design: Prospective, open-label, single-arm pilot study (Single center)

Population

50 adults with ≥3 months GERD

Duration

6 weeks

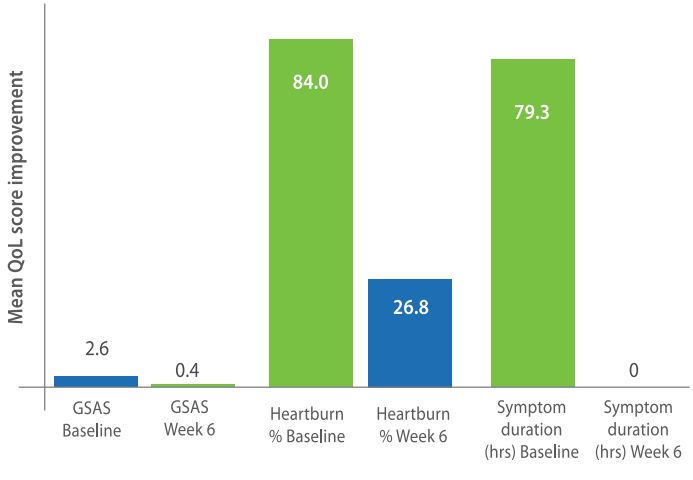
Intervention

Pantoprazole 40 mg + Itopride 150 mg daily

Key Outcome

Significant reduction in GSAS overall distress score (2.6 → 0.4; P<0.001); marked symptom frequency decline

Quality of life improvement in functional dyspepsia



Conclusion

- Pantoprazole + Itopride FDC produced substantial reduction in GERD and dyspepsia symptom burden within 6 weeks. Overall distress scores and symptom frequency declined markedly.
- Improvement was evident as early as week 2 and progressively enhanced through week 6. Both frequency and duration of symptoms significantly decreased.
- Only mild-to-moderate adverse events were reported in 50 patients. Global tolerability was rated good in >97% of patients.

Ref: Lakhtakia S et al. Efficacy and safety of pantoprazole and itopride in patients with overlap of GERD and dyspepsia: A prospective, open-label, single-arm pilot study. JGH Open 2024

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

Itonorm®
Itopride hydrochloride 50 mg tablet

Dual Action. Fast Relief.

Drug Review

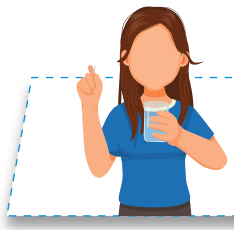
Gastric motility disorder[1,2,3,4]

- 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.

Proven Safety and results[6,7,8,9,10]

- Itopride does no 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 glycemic 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.

Dosage, administration and recommendations of Itopride



Dosage & Administration

Itonorm® 50 mg tablet orally three times a day 30 mins before meals

Recommended by- BSG BRITISH SOCIETY OF GASTROENTEROLOGY | AMERICAN ACADEMY OF FAMILY PHYSICIANS STRONG MEDICINE FOR AMERICA | 一般財団法人 日本消化器病学会 The Japanese Society of Gastroenterology

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.

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