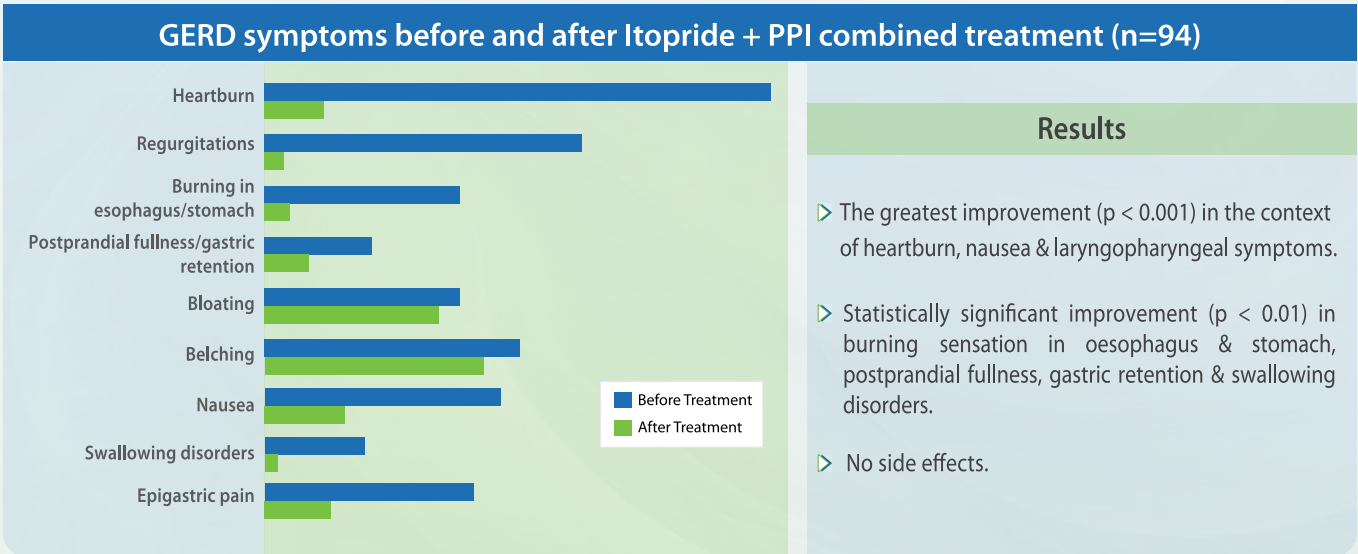


The efficacy and safety of itopride as an add-on therapy to a proton pump inhibitor in the treatment of gastroesophageal reflux disease

GERD may lead to significant esophageal & extra-esophageal complications. The first-line drugs are PPIs which show high efficacy in healing erosive & inflammatory lesions of the esophagus & reduce the typical symptoms of GERD, though without any therapeutic effects on esophageal & gastric motility disorders. A retrospective study demonstrated the efficacy & safety of itopride, administered as an add-on therapy to a PPI in the treatment of GERD.

Study design	Retrospective observational study		
Patients <p>140 initially enrolled, 94 completed Age: 17-80 years</p>	Duration <p>8 weeks</p>	Inclusion criteria <p>Persistent GERD symptoms despite ≥ 8 weeks of PPI twice daily</p>	Intervention <p>Itopride 150 mg/day (50 mg TID) added to unchanged PPI regimen</p>



The addition of itopride in patients ineffectively treated with PPIs, for 8 weeks significantly improves the efficacy of treatment of GERD. Thus shortens the duration of medications, reduces treatment cost, improves patients quality of life.

Brought to you by

Itonorm[®]
Itopride hydrochloride 50 mg tablet

For full Article

Scan here



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.

Itopride (Itonorm) - next generation dual acting gastrointestinal prokinetic

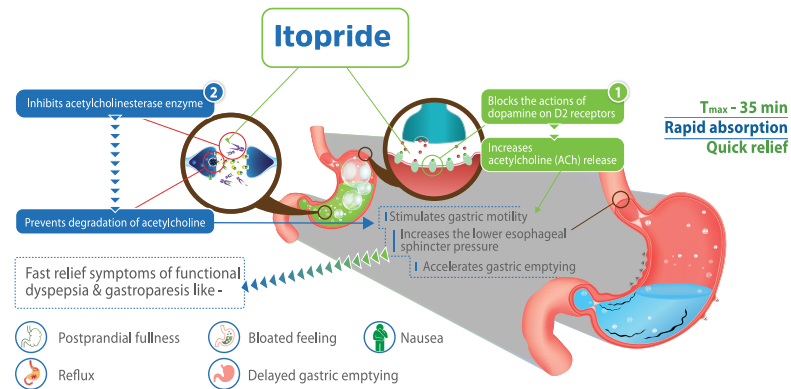


Figure: Mechanism of action of Itopride

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.