Nexium is a proton-pump inhibitor. Losec 10, 20, 40mg capsules and MUPS: £19.34, can be used in pregnancy, excreted in breast milk but not likely to impact 10-20mg once daily for 2-4 weeks, investigate if.

Known hypersensitivity:

- Nexium Tablets contain sucrose. Patients with rare hereditary problems of fructose intolerance, galactose malabsorption or sucrase-isomaltase deficiency should not take Nexium Tablets. Patients with phenylketonuria or fructose intolerance may be at risk of hypoglycaemia.

- Very rare: Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN). Rare: Alopecia, photosensitivity, very rare erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN). Rare: Alopecia, photosensitivity, very rare erythema multiforme.

Patients requiring continued NSAID therapy:

- Diazepam, phenytoin and warfarin elimination can be prolonged, phenytoin and warfarin levels should be monitored when initiating and ending concomitant treatment.

In patients with renal impairment:

- Reduced. When Nexium is combined with drugs metabolised by CYP2C19, such as diazepam, atorvastatin, it should be considered. Nexium Tablets contain sucrose. Patients with rare hereditary problems of fructose intolerance, galactose malabsorption or sucrase-isomaltase deficiency should not take Nexium Tablets. Patients with phenylketonuria or fructose intolerance may be at risk of hypoglycaemia.

- Very rare: Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN). Rare: Alopecia, photosensitivity, very rare erythema multiforme.

Patients with swallowing difficulties:

- Patients with swallowing difficulties: NEXIUM Capsules and Tablets contain 20mg or 40mg esomeprazole. Diazepam, phenytoin and warfarin elimination can be prolonged, phenytoin and warfarin levels should be monitored when initiating and ending concomitant treatment.

In patients with hepatic impairment:

- Hepatic impairment: Rare: Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN). Very rare: Alopecia, photosensitivity, very rare erythema multiforme.

Adverse events should be reported to Azstena UK Medical Information (Tel: 0800 783 0033). In addition, information about adverse event reporting can be found at www.yellowcard.co.uk

Date of Preparation: September 2007 NEXP12949

PRESCRIBING INFORMATION

NEXIUM® 20mg/40mg Tablets (isosompeptic): Consult Summary of Product Characteristics before prescribing. Use Nexium in patients with heartburn and/or acid reflux symptoms. Omeprazole 20mg once daily is recommended in adults from the age 12 years for gastro-oesophageal reflux disease (GORD), Zollinger-Ellison syndrome. 10 and 20mg strengths only for treatment and prophylaxis of peptic ulcer disease in patients with H. pylori associated ulcers. Nexium 20mg, amoxycillin 500mg, clarithromycin 500mg, all twice daily for 7 days. Patients requiring continued NSAID therapy: Adults: 10 and 20mg strengths only for treatment and prophylaxis of peptic ulcer disease.

Monitoring is recommended when initiating and ending concomitant treatment.

Pregnancy & Lactation: Limited data on excreted propanes are available. Avoid in pregnancy unless a safer alternative is not known whether esomeprazole is secreted in breast milk. Discontinue breast feeding if Nexium is considered essential. Undesirable events: None of the following were found to be dose-related. Blood and lymphatic system disorders: Rare: Lymphopenia, thrombocytopenia. Very rare: agranulocytosis, pancytopenia. Immune system disorders: Rare: Hypersensitivity reactions e.g. fever, angioedema and anaphylactic shock/ana.


Hepatic disorders: Uncommon: increased liver enzymes; Rare: hepatitis with or without jaundice; Very rare: hepatic failure, encephalopathy in patients with pre-existing liver disease. Skin and subcutaneous tissue disorders: Uncommon: Dermatitis, pruritus, rash, urticaria; Rare: Alopecia, photosensitivity, very rare erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN). Musculoskeletal disorders: Common: Musculoskeletal pain and/or swelling. Very rare: Myalgia, weakness.


Legal category: POM. Marketing authorisation number: NEXIUM® 20mg Tablets PL 17/001/008N; NEXIUM® 40mg Tablets PL 17/001/009. Basic NIMS cost: Tablets 20mg: 7.36; Tablets 40mg: 11.49; Tablets 40mg: 15.61; Tablets 40mg: 19.78. Further information is available from the Marketing Authorisation holder: Azstena UK Limited, 800 Capability Green, Luton, LU1 3LU, UK. NEXIUM® is a trade mark of the Asta group of companies. A2/12988
This document has been produced to provide an example of an ICP in the GI area.

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PATIENT PRESENTS TO GP WITH NEW OR REPEAT DYSPEPSIA-TYPE SYMPTOMS

Alarm signals:
- Unintentional weight loss ≥ 3kg
- Evidence of GI blood loss
- True progressive dysphagia or odynophagia
- Persistent vomiting
- Unexplained anemia or unexplained iron-deficiency anemia
- Persistent gastric symptoms
- Suspicious barium meal
- Patients aged 55 years and older with unexplained and persistent recent-onset dyspepsia

Give lifestyle advice and antacids +/- alginates
Consider removal of any gastro-irritant medicines

Alarm signals:
- Unintentional weight loss ≥ 3kg
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- Persistent vomiting
- Unexplained anemia or unexplained iron-deficiency anemia
- Persistent gastric symptoms
- Suspicious barium meal
- Patients aged 55 years and older with unexplained and persistent recent-onset dyspepsia

Prescribe 4-week course of Lansoprazole 30mg caps od or Omeprazole 20mg caps od and review

Step-down to Lansoprazole 15mg caps od or Esomeprazole 20mg caps od on demand
Review annually
If symptoms recur re-enter pathway

Refer for opinion via HSCP referral

Step-down to Esomeprazole 20mg od or Esomeprazole 20mg od on demand
Review annually
If symptoms recur re-enter pathway

NHS Trust
Trafford Healthcare
Primary Care Trust
Trafford

No further treatment if symptoms recur re-enter pathway

Yes

Yes

No

No

No

No

Positive

Negative

Yes

Yes

No

Yes

Step-down to:
- Lansoprazole 15mg caps od or
- Esomeprazole 20mg caps od on demand

Review annually
If symptoms recur re-enter pathway

Refer for opinion to:
- Tier two Dyspepsia service
- TGH GI clinic

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No
**Dyspepsia**
Dyspepsia can be defined broadly to include patients with recurrent epigastric pain or discomfort, heartburn or acid regurgitation, with or without bloating, nausea or vomiting. Initial therapeutic strategies for dyspepsia are empirical treatment with a proton pump inhibitor (PPI) or testing for and treating *H. pylori*.

**Gastro-oesophageal Reflux Disease (GORD)**
The predominant symptom of GORD is heartburn. “Heartburn is a burning feeling rising from your stomach or lower chest towards your neck.”
- Acid reflux is a common condition and patients are often anxious and need reassuring
- Offer patients who have GORD a full-dose PPI for 1 or 2 months
- Reflux may occur with normal endoscopic appearances
- Reflux symptoms which respond to treatment do not require endoscopic confirmation
- *H. pylori* is not implicated in the aetiology of reflux

**Functional Dyspepsia** – Also known as Non-Ulcer Dyspepsia (NUD)
Describes patients with dyspepsia, who have normal endoscopic findings.
- Acid suppressor drugs may be of little benefit as symptoms are not always acid-related
- A trial treatment with a pro-kinetic drug (e.g. domperidone or metoclopramide) is worthwhile
- The role of *H. pylori* in NUD remains controversial – eradication may benefit some patients

**Peptic Ulceration**
- Offer *H. pylori*-eradication therapy to *H. pylori*-positive patients
- Stop the use of NSAIDs where possible (see guidance)

**Lifestyle Advice**
- Weight loss if necessary
- Don’t smoke
- Avoid large meals and excessive amounts of fluid – in particular avoid fatty/spicy foods, excessive alcohol, caffeine or chocolate
- Raise the head of the bed by 6 inches

**H. pylori Testing and Treatment**

**Testing**
Faecal antigen testing is the investigation of choice

**Treatment**
1st line: Lansoprazole 30mg caps bd, Amoxicillin 1g bd, Clarithromycin 500mg bd in combination for 1 week
Penicillin-sensitive patients: substitute Metronidazole 400mg bd for Amoxicillin

**PPI Advice**

**Lansoprazole 30mg capsules or Omeprazole 20mg capsules** are the recommended treatment PPIs for new patients
Esomeprazole is recommended only for patients who fail to respond to the above regime
Patients should have their treatment regularly reviewed and stepped down or stopped as appropriate
It should be remembered that some PPIs do have interactions e.g. warfarin (intermittent use may cause problems with INR control)
N.B. If a PPI is initiated by a physician in secondary care, other than a gastroenterologist, review the need/benefit after a 4-week trial period.

**Drugs exacerbating GORD**

**Drugs affecting lower oesophageal sphincter tone**
e.g. anticholinergics, calcium channel blockers particularly nifedipine, nitrates, theophylline

**Drugs causing oesophageal mucosal injury**
e.g. NSAIDs, corticosteroids, tetracycline, potassium chloride, iron, bisphosphonates

**NSAIDs**
**Try to stop NSAIDs and use alternative analgesics where possible**
Where NSAID use is unavoidable, select a NSAID with lower GI risk e.g. ibuprofen, diclofenac or naproxen using the lowest possible dose. Consider coprescription of a PPI or misoprostol
Especially in high risk patients:
- Patient has a definite history of peptic ulcer disease
- Patient is also taking corticosteroids or anticoagulants etc
- Patient has a serious co-morbid condition e.g. cardiovascular disease
- Elderly aged > 65yrs
If symptoms persist refer for endoscopy

Further advice can be obtained from:
Gastroenterology Department, Trafford General Hospital
Tel: 0161 748 4022
Medicines Management Team, Trafford PCT
Tel: 0161 873 9500