

# Understanding the role of proton pump inhibitors in acid reflux treatment: A look at how proton pump inhibitors helps in managing gastroesophageal reflux disease

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Heartburn, regurgitation, and, in more severe cases, Barrett’s esophagus and esophagitis are symptoms of gastroesophageal reflux disease (GERD), a common gastrointestinal condition marked by the backflow of stomach acid into the esophagus. Effective GERD management is crucial to enhancing patients’ quality of life and averting long-term issues. Proton pump inhibitors (PPIs) have been the mainstay of GERD treatment among the pharmaceutical alternatives available.<sup>[1]</sup>

PPIs, including omeprazole, pantoprazole, and esomeprazole, reduce the production of stomach acid by permanently blocking the hydrogen-potassium ATPase enzyme in the gastric parietal cells. By addressing the root cause of GERD, this mechanism reduces symptoms, encourages mucosal healing, and stops recurrence. The purpose of this editorial is to go over the importance of PPIs in the treatment of GERD, as well as their advantages, disadvantages, and possible avenues for improving their application in clinical practice.<sup>[2]</sup>

## The Efficacy of Proton Pump Inhibitors in Gastroesophageal Reflux Disease Treatment

PPIs have been shown in clinical trials to be effective in treating erosive esophagitis and reducing the symptoms of GERD. PPIs outperform antacids and H2 receptor antagonists in terms of acid suppression and symptom relief, according to randomized controlled trials and meta-analyses. Most cases of erosive esophagitis can be successfully treated with a standard 4- to 8-week course of PPI medication, and a sizable percentage of patients have a reduction in GERD symptoms.<sup>[3]</sup>

In addition to treating symptoms, PPIs can prevent esophageal strictures, ulcers, Barrett’s esophagus, a condition that precedes esophageal adenocarcinoma, and other problems linked to long-term acid exposure. Because of this, PPIs are an essential tool for controlling GERD’s symptoms as well as its long-term hazards.<sup>[4]</sup>

## Challenges and Concerns with Proton Pump Inhibitor Therapy

PPIs are effective, but prolonged usage has sparked worries about possible side effects. Long-term PPI use has been linked to a higher risk of bone fractures, chronic renal disease, infections including Clostridium difficile, and micronutrient deficiencies such as calcium, vitamin B12, and magnesium. Because of these hazards, treatment must be used sparingly and customized to each patient’s needs and risk profile.<sup>[5]</sup>

Furthermore, excessive PPI use, especially for non-GERD causes, exposes patients to preventable side effects and adds to needless medical expenses. Deprescribing PPIs to patients with no obvious reason or whose symptoms are under control is becoming more and more important in clinical practice.<sup>[6]</sup>

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## The emerging role of precision medicine

PPI medication can now be customized for each patient based on their genetic, phenotypic, and microbiome characteristics thanks to developments in precision medicine. For example, the effectiveness and safety of PPIs vary from person to person due to genetic differences in CYP2C19, an enzyme implicated in PPI metabolism. Comprehending these variances can help direct dosage modifications, enhancing therapeutic results and reducing side effects.<sup>[7]</sup> In addition, more people are becoming aware of how the gut microbiota contribute to GERD and how it interacts with PPI treatment. PPIs affect the gut microbiota's composition through changing the pH of the stomach, which may have long-term effects on health. More focused and efficient GERD management techniques may result from future research examining these relationships.<sup>[8]</sup>

## Alternative and Adjunctive Therapies

Although PPIs are still the mainstay of treatment for GERD, their drawbacks have led to research into complementary and alternative remedies. Alginates, prokinetic drugs, and lifestyle changes are beneficial supplements to PPI treatment, especially for patients with resistant symptoms. For people who do not respond to medication, endoscopic and surgical procedures including fundoplication and magnetic sphincter augmentation provide alternatives.<sup>[9]</sup>

Furthermore, a promising breakthrough is the creation of potassium-competitive acid blockers (PCABs), like vonoprazan. Compared to PPIs, PCABs suppress acid more quickly and effectively, which may help with mucosal repair and symptom management.<sup>[10]</sup>

## A Balanced Approach to Gastroesophageal Reflux Disease Management

A comprehensive strategy that incorporates lifestyle, medication, and, when required, surgical procedures is needed for the effective management of GERD. As the cornerstone of GERD treatment, PPIs should be used sparingly, taking into account patient-specific characteristics and being continuously monitored for side effects.<sup>[11]</sup>

Healthcare professionals are essential in helping patients understand how to take PPIs, stressing the importance of following treatment plans, and addressing modifiable risk factors such as smoking, obesity, and food triggers. Better results and less needless dependency on drugs are fostered by shared decision-making, in which patients actively participate in their treatment regimens.<sup>[11]</sup>

## Future Directions

Combining developments in technology, pharmacology, and precision medicine will be key to the treatment of GERD in the future. Together with cutting-edge treatments such as PCABs and minimally invasive

procedures, customized therapy regimens based on genetic and microbiome profiles have the potential to enhance results and lessen the severity of GERD.<sup>[12]</sup>

Treatment approaches will also be improved by continued research into the pathophysiology of GERD, especially the part played by esophageal hypersensitivity and bile reflux. Another area with a lot of promise is the creation of biomarkers to forecast how well a treatment will work and how the disease will proceed.<sup>[13]</sup>

## Conclusion

Millions of patients worldwide now benefit from the effective symptom alleviation and mucosal repair that PPIs provide, revolutionizing the treatment of GERD. To reduce dangers and guarantee lasting results, its long-term use necessitates a balanced approach. Healthcare professionals can optimize GERD management and meet patients' changing requirements by adopting a patient-centered, evidence-based, and precision-driven strategy.

## References

1. Maret-Ouda J, Markar SR, Lagergren J. Gastroesophageal reflux disease: A review. *JAMA* 2020;24:2536-47.
2. Clarrett DM, Hachem C. Gastroesophageal reflux disease (GERD). *Mo Med* 2018;115:214-8.
3. Xi L, Zhu J, Zhang H, Muktiali M, Li Y, Wu A. The treatment efficacy of adding prokinetics to PPIs for gastroesophageal reflux disease: A meta-analysis. *Esophagus* 2021;18:144-51.
4. Xie P, Yan J, Ye L, Wang C, Li Y, Chen Y, *et al.* Efficacy of different endoscopic treatments in patients with gastroesophageal reflux disease: A systematic review and network meta-analysis. *Surg Endosc* 2021;35:1500-10.
5. Mermelstein J, Chait Mermelstein A, Chait MM. Proton pump inhibitor-refractory gastroesophageal reflux disease: Challenges and solutions. *Clin Exp Gastroenterol* 2018;11:119-34.
6. Savarino E, Anastasiou F, Labenz J, Hungin AP, Mendive J. Holistic management of symptomatic reflux: Rising to the challenge of proton pump inhibitor overuse. *Br J Gen Pract* 2022;72:541-4.
7. Kosorok MR, Laber EB. Precision medicine. *Annu Rev Stat Appl* 2019;6:263-86.
8. Ginsburg GS, Phillips KA. Precision medicine: From science to value. *Health Aff (Millwood)* 2018;37:694-701.
9. Berzofsky C, Sandhaus H. The treatment of reflux disease: Standard and alternative approach. In: *Laryngopharyngeal and Gastroesophageal Reflux: A Comprehensive Guide to Diagnosis, Treatment, and Diet-based Approaches*. Berlin, Germany: Springer Nature; 2020. p. 251-69.
10. Katzka DA, Kahrilas PJ. Advances in the diagnosis and management of gastroesophageal reflux disease. *BMJ* 2020;371:m3786.
11. Gyawali CP, Fass R. Management of gastroesophageal reflux disease. *Gastroenterology* 2018;154:302-18.
12. Mann R, Gajendran M, Perisetti A, Goyal H, Saligram S, Umopathy C. Advanced endoscopic imaging and interventions in GERD: An update and future directions. *Front Med (Lausanne)* 2021;8:728696.
13. Labenz J, Chandrasoma PT, Knapp LJ, DeMeester TR. Proposed approach to the challenging management of progressive gastroesophageal reflux disease. *World J Gastrointest Endosc* 2018;10:175-83.