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Efficacy of Trimebutine therapy in patients with gastro-esophageal reflux disease and irritable bowel syndrome

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Background/Aims: GERD occurs in 25-51% of IBS patients. Trimebutine has been effective in some IBS patients by modulating colonic motility. Furthermore, it increases gastric emptying rates, and controls esophageal motility. The aim of this study was to investigate the efficacy of trimebutine therapy in GERD patients with IBS.

Method: 69 patients with GERD and IBS underwent upper GI endoscopic, histologic and clinical evaluation prior to and 3 months post-treatment. H. pylori presence was determined by histology and CLOtest. Forty patients (Group A) were treated with omeprazole plus trimebutine for 3 months: in 32 H. pylori positive patients (subgroup A1), a standard triple eradication regimen was introduced. Twenty- nine patients (Group B) were treated with omeprazole for 3 months: in 24 H. pylori positive patients (subgroup B1), the same eradication therapy was employed.

Results: Specialised intestinal metaplasia of the gastro-esophageal junction was observed in 20% and in 17.2% of the patients in Groups A and B, respectively. Eradication rates were similar in subgroups A1 (84%) and B1 (83%). In Group A there was a significant improvement in GERD (P=0.003) and IBS symptoms (P<0.0001) as well as esophagitis (P=0.029), when compared with Group B. **Conclusions:** Trimebutine appears to be effective in patients with GERD and IBS.