Clinical Capsules

GERD vs. Barrett's Esophagus

A study of 3,000 randomly sampled residents of two Swedish communities found that 1.6% of the general population tested had Barrett's esophagus.

Dr. Jukka Ronkainen of the Karolinska Institute, Sweden, and colleagues found that Barrett's esophagus (BE) was nearly twice as prevalent in subjects with symptoms of gastroesophageal reflux disease (GERD) and esophagitis than in subjects without those conditions. More than 40% of those who presented with BE had no prior symptoms of GERD, a presumed precursor to BE (Gastroenterology 2005;129:1825-31).

The researchers solicited study participants via mail. After detailed data collection with a questionnaire and follow-up interviews, 1,000 selected participants underwent upper endoscopy.

The findings support the theory that asymptomatic people can have BE, and that screening only those with reflux will not reveal all cases.

Alcohol consumption and cigarette smoking also were significant risk factors for BE in this study.

Treating Chronic Cough in GERD

Use of a proton pump inhibitor to treat persistent cough associated with gastroesophageal reflux disease has some effect in some adults, but the effect is less universal than suggested in consensus guidelines on chronic cough, according to a metaanalysis of five randomized controlled trials.

A.B. Chang, Ph.D., of Royal Children's Hospital, Brisbane, Australia, and his fellow reviewers considered 84 papers for inclusion, and 11 of these were selected for systematic review. The metaanalysis was limited to the five studies that compared proton pump inhibitors (PPIs) with placebo in adults. All studies were randomized, controlled trials of gastroesophageal reflux disease (GERD) treatment for chronic cough that had lasted for more than 3 weeks and was not primarily related to an underlying respiratory disorder (BMJ, doi:10.1136/bmj.38677.559005.55, published Dec. 5, 2005).

All outcomes favored PPIs over placebo, but the reviewers considered the magnitude of effect to be too uncertain to support guidelines, such as those published in 1998 by a consensus panel of the American College of Chest Physicians, suggesting empirical treatment for reflux (Chest 1998;114:133S-81S).

Infliximab for Ulcerative Colitis

The chimeric monoclonal antibody Infliximab, known to be effective in Crohn's disease, also is efficacious as an induction and maintenance therapy in moderate to severe ulcerative colitis, according to two randomized, double-blind, placebo-controlled clinical trials.

The Active Ulcerative Colitis Trials 1 and 2 (ACT 1 and ACT 2) each included 364 patients randomly assigned to IV infusions of placebo or infliximab (Remicade, Centocor) at either 5 mg/kg or 10 mg/kg at weeks 0, 2, and 6, then every 8 weeks through week 22 (ACT 2) or week 46 (ACT 1).

Dr. Paul Rutgeerts of the Universitaire Ziekenhuizen Leuven, Belgium led ACT 1; Dr. William J. Sandborn of the Mayo Clinic, Rochester, Minn., headed up ACT 2 (N. Engl. J. Med. 2005;353:2462-76). Patients then were followed through week 30 in ACT 2 and week 54 in ACT 1.

In ACT 1, clinical responses to infliximab at week 8 occurred in 69% at 5 mg and 62% at 10 mg, compared with 37% of patients given placebo. In ACT 2, the clinical response rates were 65% and 69% at 5 mg and 10 mg infliximab, and 29% with placebo.

Coffee, Tea Protect High-Risk Livers

Persons at high risk for liver injury who drank more than 2 cups of regular coffee or tea per day had a 39% lower incidence of chronic liver disease than those who drank less than 1 cup a day, based on data on 9,849 persons followed for a median of 19 years.

Chronic liver disease leading to hospitalization or death occurred in 1.8% of those drinking less than 1 cup of the caffeine-containing beverages per day, 1.6% of those drinking 1-2 cups, and 1.1% of those drinking more than 2 cups. Caffeine appeared to contributed to the protective effect, reported Dr. Constance E. Ruhl of Social and Scientific Systems Inc., Silver Spring, Md., and Dr. James E. Everhart of the National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, Md. (Gastroenterology 2005;129:1928-36).

Liver disease was defined based on alcohol intake (more than 2 drinks/day), body mass index, diabetes mellitus, and serum iron overload. The data came from the first National Health and Nutrition Examination Survey (NHANES I; 1971-1975) and the NHANES I Epidemiologic Follow-Up Study (1982-1984, 1986, 1987, 1992-1993).

The findings "potentially offer people at high risk for developing chronic liver disease a practical way to decrease that risk," Dr. Ruhl said in a statement.

—Randall Frey