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World Congress of Pediatric Gastroenterology, Hepatology and Nutrition

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FLAVORED LANSOPRAZOLE SUSPENSION IN PEDIATRIC GERD Jeffrey O Phillips PharmD¹; David S Parsons MD²; and Steven W Fitts MD³. ¹Surgery, University of Missouri, Columbia, MO, United States; ²ENT, Carolina ENT, Greenville, SC, United States; and ³Pediatric GI, Pediatric Gastroenterology and Nutrition, Spokane, WA, United States.

Intro: Pediatric gastroesophageal reflux disease is difficult to treat for three primary reasons. 1. Lack of recognition of the clinical entity by many practitioners, 2. Difficulty in making a diagnosis, 3. Lack of an optimal treatment regimen for pediatrics including suboptimal dosing of proton pump inhibitors. An optimal regimen for pediatric GERD consists of an antisecretory agent in a palatable, titratable dosage form that can be used with or without complimentary therapies (such as prokinetic agents). However, it has been previously thought that proton pump inhibitors could not be formulated into true suspensions because of their inherent lability to acid.

Methods: A retrospective evaluative study of patients who had received flavored lansoprazole suspension for the treatment of GERD. Patients were typically those who had failed prior treatment strategies and had been referred from primary care givers. Forty subjects from two different centers were evaluated. All patients evaluated received the same formulation of flavored lansoprazole suspension as the final treatment regimen prior to evaluation of efficacy.

Results: The majority of patients responded favorably to the flavored lansoprazole suspension given once or twice daily in doses of 1.5 to 3 mg/kg/day. Additionally, this formulation was well tolerated with no reported attributable adverse effects. Duration of treatment exceeded six months in many of the patients with continued response. Most patients had significant symptom relief within one week to two weeks after starting the treatment.

Conclusion: The use of a true suspension of lansoprazole in a palatable and titratable formulation was associated with good symptom control and no attributable adverse effects. This is in keeping with the many studies that have shown proton pump inhibitors to be highly effective and safe in adults with GERD where a defined dosage form is available. This study supports the findings of a previous study using the same formulation of flavored ppi suspension in pediatric patients referred to a University-based otolaryngology clinic. A prospective, comparative clinical trial of flavored lansoprazole suspension is now being conducted.

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