La Renon

ZUROPRAZ

Rabeprazole Gastro Resistant 20 mg Tablets

ZUROPRAZ-D

Rabeprazole EC 20 mg and Domperidone 30 mg SR Capsules

SRMD/Stress Ulcer in Critical Illness

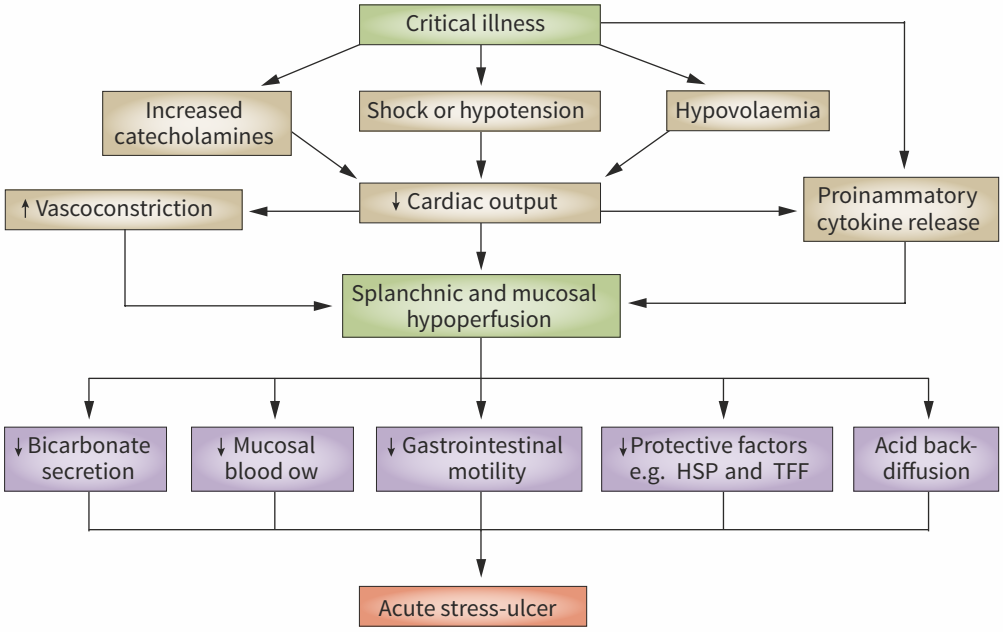
stress-related mucosal damage (SRMD) is an erosive process of the gastroduodenum that occurs with abnormally high physiologic demands (e.g., trauma, surgery, organ failure, sepsis, burn). Within hours of the onset of critical illness, macroscopic mucosal damage is apparent as subepithelial petechiae develop. These lesions range from superficial erosions to ulcers.

High Incidence of Risk of SRMD in Critically Ill patients

In critically ill patients there is a high incidence due to a partial or complete loss of pressure of the lower esophageal sphincter though other factors, such as the use of nasogastric tubes, treatment with adrenergic agonists, bronchodilators, or opiates and mechanical ventilation, can further increase the risk of GER (Gastroesophageal reflux).

Specific risk factors include:

Mechanical ventilation (more than 48 hours), coagulopathy, shock states (septic, haemorrhagic, cardiogenic, anaphylactic), severe head injury and neurosurgical patients, severe burns (more than 30%), multiple organ failure



Stress Ulcer Prophylaxis

To avert morbidity and mortality associated with clinically significant bleeding from SRMD, current recommendations are to provide stress ulcer prophylaxis with an antacid, PPIs, a histamine2 receptor antagonist (H2RA), or sucralfate.

Drug of Choice: PPIs in SRMD

The superior efficacy of PPI over H2 RA (H2-receptor antagonists) has been demonstrated in various GI disorders.

1

·Maintain intragastric pH ≥4 for prolonged periods,

2

Have few adverse effects,

3

May minimize cost.

4

More common in clinical practice, especially when other therapies produce adverse effects

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Rabeprazole Advantages in Atypical Use

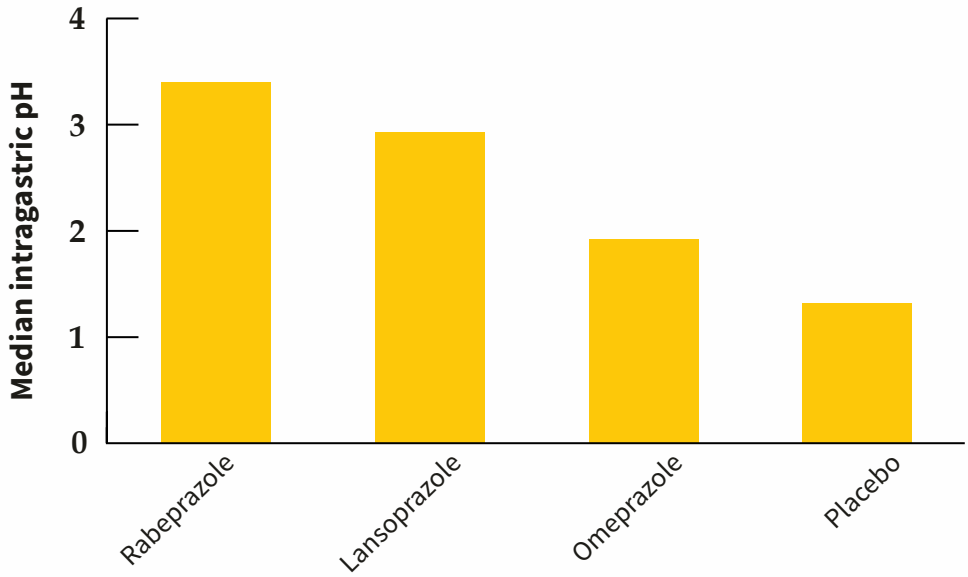
- Rabeprazole has been used with success in the treatment of some atypical GERD manifestations, such as dysphagia associated with GERD, GERD-related asthma and chest-pain, and in the therapy of Barrett's esophagus.
- Finally, rabeprazole achieves similar Helicobacter pylori eradication rates compared with omeprazole and lansoprazole when coadministrated with low or high doses of antibiotics (amoxicillin and clarithromycin).

Rabeprazole: Pharmacokinetic-faster onset of action than other PPIs

- Rabeprazole the highest pKa (~ 5.0, the pH at which a drug becomes 50% protonated), and hence the molecule can be activated at higher pH levels much faster than other PPIs: at pH 1.2 (the pH level of the canalicular space after meals) rabeprazole took 1.3 minutes to be half-activated in vitro, compared with 2.0, 2.8, and 4.6 min respectively for lansoprazole, omeprazole, and pantoprazole.
- At pH 5.1 (the pH during fasting), the activation half-life was again the shortest one for rabeprazole 7.2, 90, 84, and 282 min, respectively.

Clinical Superiority: Effect on Intragastric pH

- Rabeprazole transformed into sulfenamide at lower pH which reacts with thiol group on Gastric H+K+ Atpase pump.
- Rabeprazole is having faster onset of action and activation time than Omeprazole & Lansoprazole.



Combination Features

- Faster Onset of Symptoms relief
- Most consistent inhibition of acid secretion irrespective of hepatic metabolism through CYP2C19 system as the case with other PPIs
- Favourable tolerability
- Lesser drug-drug interaction

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Description

Zuropraz/Zuropraz-D contains rabeprazole and domperidone. Rabeprazole sodium, which is a proton pump inhibitor. Dopamine speeds gastrointestinal peristalsis, causes prolactin release, and is used as antiemetic by blocking dopamine receptor.

Indication

- SRMD (Stress Related Mucosal Disease)
- GERD (Gastroesophageal reflux disease)
- Non-erosive GERD
- Atypical GERD manifestations (extra-esophageal symptoms) include the treatment of dysphagia, chest pain, laryngitis and GERD-induced respiratory and sleep disorders
- Erosive reflux disease (ERD)
- Dyspepsia
- Postoperative nausea and vomiting

Mechanism of Action

- Rabeprazole: Rabeprazole sodium belongs to the class of anti-secretory compounds, the substituted benzimidazoles, that do not exhibit anticholinergic or H2 histamine antagonist properties but suppress gastric acid secretion by the specific inhibition of the H+/K+-ATPase enzyme (the acid or proton pump). The effect is dose-related and leads to inhibition of both basal and stimulated acid secretion irrespective of the stimulus.

- Domperidone: Domperidone is a dopamine antagonist with anti-emetic properties domperidone does not readily cross the blood-brain barrier. Its anti-emetic effect may be due to a combination of peripheral (gastrokinetic) effects and antagonism of dopamine receptors in the chemoreceptor trigger zone, which lies outside the blood-brain barrier in the area postrema. Studies in man have shown oral domperidone to increase lower esophaegeal pressure, improve antroduodenal motility and accelerate gastric emptying.

Dosage

As prescribed by healthcare professional.

Presentation

Each strip contains 10 tablets/Capsules.

Reference :

1) Rose Jung et. al.The Annals of Pharmacotherapy,2002 December, Volume 36
2) Pace et al Therapeutics and Clinical Risk Management 2007:3(3) 363–379
3) Bardou, M. et al. Nat. Rev. Gastroenterol. Hepatol. 12, 98–107 (2015
4) Scand J Gastroenterol;199: 18–21: 1993

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