

# Study points to potential revision of treatment guidelines for bleeding ulcers

May 4 2014

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The current standard of care for managing patients who receive endoscopic treatment for bleeding ulcers should be replaced by an equally safe and less costly alternative that is more comfortable for patients, according to new research presented today at Digestive Disease Week (DDW). Researchers at the Yale University School of Medicine compared the current recommended care plan—delivering an initial dose of proton pump inhibitor (PPI) followed by continuous PPI infusion—to a regimen using only intermittent PPI therapy, which was found to be just as effective.

"These findings are significant because intermittent PPI [therapy](#) requires fewer resources and costs less than the current standard practice," said Hamita Sachar, MD, lead researcher of the study and senior fellow in the digestive diseases section at Yale School of Medicine. "If intermittent therapy were to become the new standard, we could increase value by lowering costs while still delivering the same high-quality care to our [patients](#)."

Endoscopy is the first step in treating bleeding ulcers, as it allows doctors to directly visualize the ulcer bleeding and in some cases treat the bleeding. PPI therapy complements endoscopic treatment by reducing stomach acid production and promotes the formation and stability of blood clots.

In comparing the effectiveness of the two PPI treatments, Dr. Sachar and her colleagues reviewed 13 trials involving 1,691 patients who

received successful endoscopic therapy for management of high-risk findings in [bleeding ulcers](#). Investigators found that using intermittent PPI therapy resulted in a similar likelihood of re-bleeding, death, need for urgent interventions such as surgery, more blood transfusions, or an increased length of hospital stay.

Under the current guidelines, patients receive an initial dose of PPI and then are given a maintenance dose through a continuous intravenous (IV) line for 72 hours. This approach makes use of infusion equipment, which requires significant nursing and pharmacy attention and restricts the movement of patients while receiving the medication. With intermittent PPI therapy, patients are given a dose of PPI, either orally or through an IV line, at set intervals and are not connected to infusion equipment, which markedly reduces the need for pharmacy and nursing oversight.

"Not only will adoption of intermittent therapy as the treatment of choice result in lower costs, it will also improve our patients' experience," said Dr. Sachar. "Patients will no longer be restricted in their movement for the three days it takes to deliver the PPI infusion."

Dr. Hamita Sachar will present data from the study "Intermittent PPI Therapy Is Non-Inferior to Guideline-Recommended Bolus-Continuous Infusion PPI Therapy After Endoscopic Hemostasis in Patients With Ulcer Bleeding: a Systematic Review and Meta-Analysis," abstract 331, on Sunday, May 4, at 10:15 a.m. CT, in room S401BC of McCormick Place.

Provided by Digestive Disease Week

Citation: Study points to potential revision of treatment guidelines for bleeding ulcers (2014, May 4) retrieved 11 May 2024 from

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