primary studies - published RCT

Omeprazole enhances the efficacy of pancreatin (pancrease) in cystic fibrosis.

Code: PM1984743 **Year:** 1991 **Date:** 1991 **Author:** Heijerman HG

Study design (if review, criteria of inclusion for studies)

double-blind, crossover

Participants

9 patients with cystic fibrosis having persistent steatorrhea while taking Pancrease, two capsules three times a day (mean fecal fat excretion, 22.3%; range, 12% to 44%).

Interventions

addition of omeprazole (20 mg once a day) to treatment with pancreatin (Pancrease, Cilag, Herentals, Belgium), two or four capsules three times a day

Outcome measures

fecal fat excretion

Main results

Neither doubling of the dose of Pancrease nor addition of omeprazole to the lower dose of Pancrease significantly reduced fecal fat excretion (mean, 19.6% [range, 10% to 34%]; mean, 16.4% [range, 6% to 32%], respectively). However, addition of omeprazole to the higher dose of Pancrease (four capsules three times a day) significantly reduced fecal fat excretion when compared with the two doses of Pancrease alone (mean, 10.7%; range, 4% to 25%; P less than 0.01).

Authors' conclusions

adjunct therapy with omeprazole reduces fecal fat excretion in cystic fibrosis provided that a high dose of Pancrease is supplied.

http://www.mrw.interscience.wiley.com/cochrane/clcentral/articles/045/CN-00072045/frame.html

See also

Ann Intern Med. 1991 Feb 1;114(3):200-1.

Keywords

Adult; Capsules; Combined Modality Therapy; Gastrointestinal Agents; Omeprazole; Pancreatic Enzyme Replacement Therapy; pharmacological_intervention; Pancreas insufficiency; Pancreatic Diseases; Gastrointestinal Diseases; Malabsorption; Nutrition Disorders; Proton pump inhibitors;