Clinical trials using omeprazole began in 1983. Research since then, involving more than 50,000 patients, has shown that this drug is safe and well tolerated. It is consistently effective in the treatment of peptic ulcer disease and gastro-oesophageal reflux disease. It plays a pivotal role in the treatment of Helicobacter pylori infection. It is also valuable in prophylaxis for patients taking non-steroidal anti-inflammatory drugs and in the intensive care unit for stress ulcer prophylaxis. For all of these reasons, omeprazole has become increasingly popular in recent years and today is one of the most widely prescribed drugs in the world.

Although its effectiveness in the management of organic disease is well accepted, omeprazole is also used by doctors in primary and secondary care for patients with non-organic or functional dyspepsia. The indications for its use in this condition however have been relatively under investigated. In this supplement, we draw together the recent data from studies that have been published on the use of omeprazole in this condition, which have involved the participation of more than 4500 patients.

Until recently, research was hampered by the lack of a generally accepted definition of functional dyspepsia. This problem has been resolved to a large degree by the Rome II consensus. Heartburn, a key symptom identifying gastro-oesophageal reflux disease, has recently been defined as “a burning feeling in the epigastrium or central chest rising towards the neck”; this definition has a high predictive value for true reflux disease. Dyspepsia has been defined as “pain or discomfort centred in the upper abdomen”. It is on these definitions that most of the new studies presented here are based.

This supplement represents a detailed résumé of presentations given in Geneva at a symposium sponsored by AstraZeneca, makers of omeprazole. The authors have received sponsorship for travel and an honorarium from AstraZeneca. NJ Talley has been a consultant and received research grants from TAP, Takeda, Ledede, Pharmacia, and Janssen.

Conflict of interest. This symposium was sponsored by AstraZeneca, makers of omeprazole. The authors have received sponsorship for travel and an honorarium from AstraZeneca. NJ Talley has been a consultant and received research grants from TAP, Takeda, Ledede, Pharmacia, and Janssen.

Correspondence to: Professor A T R Axon, Gastroenterology Unit, General Infirmary, Great George Street, Leeds LS1 3EX, UK; anthonya@ulth.northy.nhs.uk

Authors’ affiliations
A Axon, Centre for Digestive Diseases, General Infirmary at Leeds, Leeds, UK
N J Talley, Department of Medicine, University of Sydney, Nepean Hospital, Penrith, Australia
S J O Veldhuyzen van Zanten, Division of Gastroenterology, Dalhousie University, Halifax, Nova Scotia, Canada

Conflict of interest. This symposium was sponsored by AstraZeneca, makers of omeprazole. The authors have received sponsorship for travel and an honorarium from AstraZeneca. NJ Talley has been a consultant and received research grants from TAP, Takeda, Ledede, Pharmacia, and Janssen.

Correspondence to: Professor A T R Axon, Gastroenterology Unit, General Infirmary, Great George Street, Leeds LS1 3EX, UK; anthonya@ulth.northy.nhs.uk