

Chairmen's introduction

pH-Hp: implications for dyspepsia management

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Introduction to the proceedings of the symposium on dyspepsia management, held in Geneva, Switzerland, December 1998.

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. All data have previously been published, either in abstract form or as full papers, and the original references

are acknowledged. Our approach to the publication mirrors the design of the symposium, beginning with the definition and assessment of dyspepsia, followed by two sections evaluating the effect of *H pylori* and acid suppression, respectively, in the treatment of functional dyspepsia. The last two sections tackle the general approach to uninvestigated dyspepsia in the light of the data presented during the symposium as well as previous work. The supplement ends with specific suggested algorithms.

We believe this supplement to be a useful compilation of the recent extensive research that has been undertaken to assess the value of the first proton pump inhibitor, and one of the most widely prescribed, in the pharmacological management of functional dyspepsia.

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