

Guide to Informed Decision-Making About PPIs: Research on Immediate Release

The following research is about immediate release PPIs:

“However, there is a trend towards more sustained response and a greater proportion of patients with sustained total relief by 30 minutes with omeprazole/sodium bicarbonate. Conclusion: Omeprazole/sodium bicarbonate therapy is not more effective than omeprazole in the treatment of gastroesophageal reflux disease. However, data obtained suggest that it can have a more sustained response and sustained total relief.”

Higuera-de-la-Tijera F. [Efficacy of omeprazole/sodium bicarbonate treatment in gastroesophageal reflux disease: a systematic review](#). Eficacia del tratamiento con omeprazol y bicarbonato de sodio en la enfermedad por reflujo gastroesofágico: revisión sistemática. *Medwave*. 2018

“Administration of immediate-release omeprazole at bedtime results in a rapid and sustained elevation of gastric pH, and seems to provide better night time control of gastric acidity than that observed with conventional morning dosing of delayed-release proton pump inhibitors. The immediate-release formulation may provide a good treatment option for patients who require flexible dosing, quick onset of action and nocturnal gastric acid control.”

Castell D. [Review of immediate-release omeprazole for the treatment of gastric acid-related disorders](#). *Expert Opin Pharmacother*. 2005

“Nocturnal gastro-oesophageal reflux is an under-appreciated clinical challenge. This condition may cause symptoms such as nocturnal heartburn, or it may be asymptomatic. In addition, patients may experience sleep disturbances that can potentially lead to complications such as erosive oesophagitis and Barrett’s oesophagus, and may be a risk factor for development of oesophageal adenocarcinoma. Delayed-release proton-pump inhibitors (PPIs) have traditionally been effective in treating both daytime and night-time reflux symptoms, but are limited in control of nocturnal acidity by their pharmacodynamic characteristics. This new formulation appears to provide sustained control of intragastric pH at steady state, and when dosed at bedtime, and may be effective in improving control of nocturnal pH and treating night-time GERD.”

Katz PO. [Review article: putting immediate-release proton-pump inhibitors into clinical practice—improving nocturnal acid control and avoiding the possible complications of excessive acid exposure](#). *Aliment Pharmacol Ther*. 2005

“The absorption of most oral proton-pump inhibitors is delayed by the enteric coating required to protect the acid-labile proton-pump inhibitor from degradation in the stomach and, as a result, antisecretory effect is also delayed. The sodium bicarbonate in immediate-release omeprazole protects the uncoated omeprazole from degradation by gastric acid. The accelerated antisecretory action of immediate-release omeprazole compared with delayed-release omeprazole may be due to the activation of proton pumps by the rapid neutralization of intragastric acid by the sodium bicarbonate. In conclusion, immediate-release omeprazole is associated with rapid absorption of omeprazole and rapid onset of antisecretory effect, without compromising the duration of acid suppression.”

Howden CW. [Review article: immediate-release proton-pump inhibitor therapy—potential advantages](#). *Aliment Pharmacol Ther*. 2005

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When you see “our research” and “proper dosing” referred to, it is based on the research of Dr. Jeffrey O. Phillips, a PharmD who was based out of the University of Missouri. He ran a program called Midwest Acid Reflux Children’s Institute, otherwise known as Marci-Kids. This is the person who also created Zegerid. The program was shut down for a couple of reasons, including the University not wanting to continue funding it or jump through FDA hoops. The website was also closed because the FDA accused them of providing advice directly to consumers. You can view the archived webpage here:

<http://web.archive.org/web/20101101031222/http://marci-kids.com/>