

# Infectious Smiles

VOL 6

Focus on Anti-infectives



## Ranitidine in the treatment of non-steroidal anti-inflammatory drug associated gastric and duodenal ulcers

*In a multicentre study the effect of ranitidine on healing non-steroidal anti-inflammatory drug (NSAID) associated peptic ulcers was compared in a group of patients who had stopped NSAID treatment, with another group who continued with NSAID treatment.*

Gastroduodenal lesions have been reported in more than 30% of patients taking NSAIDs and dyspepsia occurs in up to 60%. There is evidence that these drugs may directly induce mucosal lesions or induce lesions by inhibition of prostaglandin synthesis which, in turn, interferes with mucosal protective mechanisms.

The objectives of the present study were to evaluate the efficacy of the H<sub>2</sub> receptor antagonist ranitidine 150 mg twice daily in the healing of gastric and duodenal ulcers and erosions associated with NSAID treatment and to compare healing rates in patients who continued NSAID treatment and those who discontinued NSAID treatment.

“ The study shows that ranitidine 150 mg twice daily effectively heals NSAID associated peptic ulcers. ”

*A total of 190 patients with confirmed ulcers were randomised to continue or stop NSAID treatment. All patients in addition received ranitidine 150 mg twice daily. Patients were endoscopically monitored at four, eight, and 12 weeks.*

- Gastric ulcers at eight weeks had healed in 63% of those taking NSAIDs compared with 95% of those who had stopped NSAID treatment.
- For duodenal ulcer the healing rates at eight weeks were 84% in the group continuing NSAIDs compared with 100% in those who stopped NSAIDs
- At 12 weeks, 79% of gastric ulcers and 92% of duodenal ulcers were healed in the group continuing with NSAIDs.

All patients with gastric and duodenal ulcers who stopped taking NSAIDs were healed at 12 weeks.

Healing is more successful when NSAID treatment stops but even if these drugs are continued, substantial healing rates are achievable.

### Reference

M J Lancaster-Smith, M E Jaderberg, D A Jackson, Ranitidine in the treatment of non-steroidal anti-inflammatory drug associated gastric and duodenal ulcers. Gut. 1991 Mar; 32(3): 252-256.

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#### Safety Information Zinetac®

##### Contraindications

- Contraindicated in patients known to have hypersensitivity to any component of the preparation.

##### Special Warnings and Special Precautions for Use

- Zinetac® may mask symptoms of gastric carcinoma. Therefore, the possibility of malignancy should be excluded before commencement of therapy in patients with gastric ulcer and patients of middle age and over with new or recently changed dyspeptic symptoms.
- Adjust dosage in patients with renal impairment.
- Avoid in patients with a history of acute porphyria.
- Regular supervision of patients taking non-steroidal anti-inflammatory drugs concomitantly with oral Zinetac® is recommended.
- In patients such as the elderly, persons with chronic lung disease, diabetes or the immunocompromised, there may be an increased risk of developing community acquired pneumonia.

##### Drug Interactions

- Closely monitor prothrombin time when co-administered with coumarin anticoagulants.
- High doses of ranitidine may reduce excretion and increase plasma levels of procainamide and N-acetylprocainamide.

Please report adverse events with any GSK product to the company at

[india.pharmacovigilance@gsk.com](mailto:india.pharmacovigilance@gsk.com)

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**Zinetac**<sup>®</sup>  
Ranitidine Hydrochloride

Prescribing Information

For the use of a Registered Medical Practitioner only

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