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DIGESTIVE DISEASES UPDATE: The Canadian Association of Gastroenterology and the Canadian Digestive Health Foundation recently held their ninth annual Canadian Digestive Disease Week conference in Banff, Alta. Digestive diseases cost the Canadian health-care system more than any other disease category, including cardiovascular and cancer. About 29% of Canadians suffer from dyspepsia and 15% suffer from irritable bowel syndrome. Yet, government funding in the gastroenterology field has fallen more than 25% in the last decade. *Medical Post* staff writer David Hodges attended the meeting and files these reports.

CDDW: In brief

MI patients at risk of bleeding

- Patients undergoing urgent coronary angiography for acute myocardial infarction (MI) seem to be at high risk for gastrointestinal (GI) bleeding, according to researchers from the Centre Hospitalier Universitaire de Sherbrooke in Sherbrooke, Que. The number of anticoagulants given to these patients seems to be related to the number of bleeding episodes, suggesting a possible new indication for gastroprotective therapy.

Using archival data, the researchers evaluated all MI patients who underwent a coronary angiography between April 1996 and April 2003. Patients with a concurrent diagnosis of upper GI bleeding were then screened for clinically significant GI bleeding criteria.

Clinically significant GI bleeding showed an increasing trend through the years. A total of 25 cases of clinically significant GI bleeding were identified during the six years, with about half the cases in the latest two years. Of them, 23 received at least three anticoagulant agents. Almost half received four or more agents.

Cheaper to give PPIs than not

- A strategy for administering high doses of oral proton pump inhibitors (PPIs) for five days in high-risk bleeding ulcer patients having undergone endoscopy is both more effective and cheaper than not doing so, according to McGill University researchers.

For the study by Dr. Alan Barkun, lengths of stay and costs in high-risk bleeding ulcer patients initially treated endoscopically were obtained randomly from 20% of the Nationwide Inpatients Sample administrative database. The costs of the postoperative administration of the PPI pantoprazole (Protonix) 40 mg twice daily for five days were tabulated separately. All costs were expressed in 2001 U.S. dollars.

The researchers determined that the mean hospital stays and costs for patients admitted with uncomplicated and complicated ulcer bleeding were three and 4.7 days, and \$7,993 and \$11,082, respectively. The re-bleeding rates for patients receiving oral therapy or not were 7.3% and 31.42%, respectively.

Analysis showed that five days of high-dose PPI was both more effective (incremental effectiveness of 14.1%) and less costly (a savings of \$487.60/patient) than not giving PPI.

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