SYNOPSIS

Name of Sponsor/Company:	Janssen-Cilag, S.A.
Name of Finished Product:	Rabeprazole sodium
Name of Active Ingredient(s):	Rabeprazole sodium

Protocol No.: CR009241

Title of the study: Influence of hygiene-dietetic habits and treatment adherence on the effectiveness of the gastroesophageal reflux illness treatment with Rabeprazol.

Coordinating Investigator(s): Dr Ángel Álvarez . Hospital Clínico San Carlos.

Publication (Reference): None (Poster in local Congress)

Study Initiation/Completion Dates: 14 February 2002/ 22 November 2002 | **Phase of Development:** 4

Objectives: The objective of this study was to evaluate lifestyle and dietary changes as co-adjuvant therapy to pharmacologic treatment used in gastro esophageal reflux. Secondary objective was safety of rabeprazole in the treatment of gastro esophageal reflux.

Methodology: This was an observational, multi-centre, open and prospective study. The objective of this study was to evaluate lifestyle and dietary changes as co-adjuvant therapy to pharmacologic treatment used in gastro esophageal reflux. Secondary objective was safety of rabeprazole in the treatment of gastro esophageal reflux. Two different groups were evaluated: group 1, patients treated with rabeprazole and lifestyle and dietary changes and group 2 patients treated only with lifestyle and dietary changes. Disease evolution, change of lifestyle and diet, treatment compliance and adherence, concomitant treatments and AEs were evaluated in both groups.
The data collected included the following: demographic data, clinical history, co morbidities, and concomitant treatment.

Number of Subjects (planned and analyzed): Planned: 570. Enrolled: 1107, consenting patients that fulfilled the inclusion criteria. 58 patients were excluded because they were treated with concomitant pharmacological treatments during the study. A total of 1049 patients were included in the final analysis in two different groups: group 1: 950 patients treated with rabeprazole lifestyle and dietary changes and group 2: 99 patients treated only with lifestyle and dietary changes.

Diagnosis and Main Criteria for Inclusion: Males and females ≥ 18 years of age, patients with gastro esophageal pathology treated with rabeprazole

Test Product, Dose and Mode of Administration, Batch No.: This was a descriptive study carried out according to the general clinical practice. Therefore, no intervention in the prescribed drugs was performed.

Reference Therapy, Dose and Mode of Administration, Batch No.: Non applicable.

Duration of Treatment: The follow up period was 8 weeks.

SYNOPSIS (CONTINUED)

Criteria for Evaluation:
To evaluate lifestyle and dietary changes as co-adjuvant therapy to the pharmacologic treatment that was used in gastro esophageal reflux. Secondary objective was the safety of rabeprazole in the treatment of gastro esophageal reflux. Two different groups were evaluated: group 1, patients treated with rabeprazole

and lifestyle and dietary changes and group 2 patients treated only with lifestyle and dietary changes. Disease evolution, change of lifestyle and diet, treatment compliance and adherence, concomitant treatments and AEs were evaluated in both groups.
The assessment of safety was mainly based on adverse events.

Statistical Methods: Effectiveness and safety results were analyzed using descriptive statistic. SPSS, version 8. was used to analyze the data.

SUMMARY – CONCLUSIONS

Two groups were evaluated: group 1 consisted of patients treated with rabeprazole and lifestyle and dietary changes and group 2 consisted of patients treated only with lifestyle and dietary changes.

Description of the pathology: The 17% of patients from group 1 and the 10% of patients from group 2 had erosive gastro esophageal reflux pathology. The 16% of patients from group 1 and the 20% of patients from group 2 had non-erosive gastro esophageal reflux pathology.

Pathology evolution: A similar evolution of the pathology was observed in both groups. The 30% of patients from group 1 and the 35% of patients from group 2 had an evolution fewer than 6 months. Both groups didn't differ statistically in time of evolution of the pathology.

Analysis of risk factors and evolution of pathology in the study period (8 weeks): information about weight, smoking and alcohol consumption, xanthenes (coffee, tea and chocolate), elevation of the head of the bed and drugs that causes gastroesophageal reflux were collected. It has been detected a slightly decrement of body weight in theses patients during the two months of the study, being it significant in both groups ($p<0,05$). Body weight was not significantly different in both groups. Smoking decreased significantly in both groups. There was not different in smoking between both groups. Alcohol consumption decreased in both groups, increasing significantly the group of patients without alcohol use ($p<0,05$). Both groups were similar for alcohol consumption. The coffee, tea and chocolate use decreased significantly and were not different between groups. During the two months of the study, the number of patients that elevated the head of the bed significantly increased in both groups. Calcium antagonists (drugs, that usually cause gastro esophageal reflux) were used during the study, but this information was not available in all the patient sample

Adherence (rabeprazole treatment; group 1): it was 56% (basal visit), 76% (visit 1) and 76% (final visit).

Symptoms evolution, including heartburn, regurgitation and dysphagia symptoms. Number of patients without heartburn increased during the study period in both groups. Evolution of heartburn was better (visit 2) in group 1 ($p<0,05$). 71% of group 1 had controlled heartburn symptom versus 37% of group 2 ($p<0,05$) (visit 3). The number of patients that had not showed regurgitation was increased during the 2 months of the study in both groups. Evolution of regurgitation was significantly better (final visit) in group 1 than in group 2 ($p<0,05$). In final visit, 80% of group 1 had controlled regurgitation symptom compare to 57% of group 2 ($p<0,05$). The number of patients without dysphagia increased during the study period in both groups,. Evolution of dysphagia was significantly better (final visit) in both groups. 81% of group 1 had controlled regurgitation symptom versus 77% of group 2 ($p<0,05$) (final visit).

Control of symptoms and treatment adherence (rabeprazole; group 1): Adherence to treatment was high in these patients. Control of heartburn was better in adherent patients (100% adherence) than non-adherents patients (<10% adherence) in visit 1 and final ($p>0,05$). Control of regurgitation was also better in adherent patients than in non adherent ones (visit 1) but not in second month visit ($p>0,05$). There was no difference in the evolution of dysphagia between groups.

Adverse events: 1% (n=7) of patients experienced mild adverse event (AEs) with rabeprazole treatment. Headache (n=3), diarrhea (n=2) were the more frequent AEs.

SYNOPSIS (CONTINUED)

CONCLUSION:

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