

Long-term treatment with proton pump inhibitor can increase weight

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Gastroesophageal reflux disease (GERD) is the most common esophageal disorder, and frequently encountered in the primary care setting. Accumulating evidence has confirmed the excellent efficacy and safety of proton pump inhibitor (PPI) therapy in patients with all grades of GERD, making these agents the mainstay of treatment. However, the possible impact of changes in body weight (BW) or body mass index (BMI) in reflux patients while on long-term PPI therapy has not been examined.

A clinical research team from Japan elucidated the effect on nutritional parameters such as body weight and BMI in patients receiving long-term PPI therapy. Their study will be published on October 14, 2009 in the *World Journal of Gastroenterology*.

The subjects were 52 patients with GERD and 58 sex- and age-matched healthy controls. GERD patients were treated with PPI for a mean of 2.2 years (range, 0.8-5.7 years), and also advised on lifestyle modifications (e.g. selective diet, [weight management](#)). BW, BMI and other parameters were measured at baseline and end of study.

Their results showed there were no differences in BW and BMI between reflux patients and controls at baseline. Patients with GERD showed increases in BW, but no such changes were noted in the control group. Mean BW increased by 3.5 kg (6.2% of baseline) in 37 (71%) reflux patients but decreased in only 6 (12%) patients during treatment.

They concluded that reflux patients treated with a daily maintenance therapy of PPI should be strongly encouraged to manage their body weight through lifestyle modifications such as proper diet and avoidance of overeating. This measure may reduce the overall medical costs associated with obesity-related illness as well as GERD. Lifestyle modification must therefore remain the backbone

of treatment for all patients with GERD, even in the PPI era.

More information: Yoshikawa I, Nagato M, Yamasaki M, Kume K, Otsuki M. Long-term treatment with [proton pump inhibitor](#) is associated with undesired weight gain. *World J Gastroenterol* 2009; 15(38): 4794-4798, www.wjgnet.com/1007-9327/15/4794.asp

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