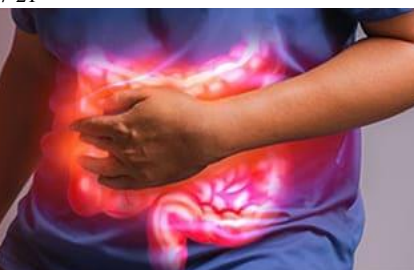


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## Expert perspectives on GERD management, with particular emphasis on the use of rabeprazole monotherapy and in combination with domperidone in the Indian clinical settings

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### Abstract

**Objective:** To assess clinicians' perspectives on gastroesophageal reflux disease (GERD) management, with a particular emphasis on the use of rabeprazole alone and in combination with domperidone in routine Indian settings.

**Methods:** The cross-sectional study involving clinical specialists across India was conducted using a 24-item questionnaire focused on prevalence, risk factors, and rabeprazole use in GERD management. Descriptive statistics were used for the analysis of study data.

**Results:** The study included 269 participants. Approximately 89% of clinicians reported using rabeprazole, a proton pump inhibitor (PPI), for its long-lasting effect in managing night-time heartburn in GERD patients. A similar proportion (89%) preferred the combination therapy of rabeprazole and domperidone for treating night-time GERD symptoms. The majority (90.71%) rated this combination as highly effective. Most participants (91%) identified the combination as the fastest-acting option for relieving night-time symptoms. According to 43% of respondents, GERD patients experiencing night-time heartburn often presented with obesity as a co-morbid condition. Around 61% recommended the rabeprazole + domperidone combination specifically for night-time heartburn. Additionally, 62% of clinicians stated that a 1-2-week duration of this combined therapy was effective in relieving symptoms. Similarly, 64% emphasized that endoscopy is the investigation of choice in GERD.

**Conclusion:** The study highlights a clinical preference for rabeprazole, particularly in combination with domperidone, for managing night-time GERD symptoms in Indian settings. The combination is perceived as both effective and fast-acting. These findings underscore the relevance of tailored therapy and support the role of endoscopy in the diagnostic evaluation of GERD.

**Keywords:** Proton pump inhibitor, rabeprazole, domperidone, night-time, heartburn, GERD

### Introduction

Gastroesophageal reflux disease (GERD) is a chronic condition involving the backward flow of stomach contents into the esophagus and is increasingly prevalent worldwide <sup>[1]</sup>. The global pooled prevalence of GERD is estimated at 14%, with substantial variation across regions <sup>[2]</sup>. Prevalence ranges from 13% in Latin America and the Caribbean to 20% in North America. At the country level, estimates vary from 4% in China to 22% in Turkey. Based on the United Nations 2017 World Population Prospects, approximately 1.03 billion individuals are affected by GERD worldwide. In India, the prevalence of GERD varies substantially. While a pooled prevalence of 15.6% <sup>[3]</sup>. Urban populations appear more affected than rural ones, pointing to lifestyle and dietary influences as possible contributors <sup>[4]</sup>.

In India, the prevalence of GERD shows considerable variation, with a pooled estimate of 15.6%. Urban populations appear to be more affected than rural ones, suggesting that lifestyle and dietary factors may play a contributory role <sup>[3]</sup>. Despite its widespread prevalence, GERD remains underdiagnosed and undertreated, emphasizing the need for greater awareness, early detection, and standardized management strategies in Indian clinical practice.

Among the therapeutic options, proton pump inhibitors (PPIs) like rabeprazole remain the cornerstone of GERD management due to their potent acid-suppressive action. Rabeprazole, a prodrug, becomes active in the acidic environment of gastric parietal cells, irreversibly

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inhibiting the H<sup>+</sup>/K<sup>+</sup>-ATPase pump and reducing both basal and stimulated acid secretion [5]. Domperidone, a peripheral dopamine D<sub>2</sub>/D<sub>3</sub> receptor antagonist, acts as a gastroprokinetic and antiemetic. By enhancing esophageal and gastric motility and lowering esophageal sphincter pressure, domperidone facilitates gastric emptying and alleviates symptoms like nausea and bloating [6]. Recent clinical evidence suggests that the combination of rabeprazole and domperidone offers superior symptom relief compared to monotherapy, particularly in cases involving nighttime heartburn or motility-related symptoms [7].

The current study aims to gather insights from clinicians on the efficacy, tolerability, and overall clinical experience with rabeprazole, both as monotherapy and in combination with domperidone, in the routine management of GERD in Indian clinical settings.

Methodology

A cross-sectional study was carried out to gather opinions from clinicians experienced in treating GERD in Indian settings from June 2024 to December 2024.

Questionnaire

The questionnaire booklet titled RELIEF (Expert Perspective of Indian Clinicians' management of Gastro Esophageal Reflux Disease in Indian Settings) was sent to the Clinicians who were interested in participating in this study. The questionnaire comprised 24 questions designed to collect data on prevalence, risk factors, diagnostic approaches, and specifically the use of rabeprazole, both as monotherapy and in combination with domperidone, within the Indian clinical context. The study was performed after obtaining approval from Bangalore Ethics, an Independent Ethics Committee, which was recognized by the Indian Regulatory Authority, the Drug Controller General of India.

Participants

An invitation was sent to clinical experts across India based on their expertise and experience in treating GERD in the month of March 2024 for participation in this Indian survey. About 269 clinicians from major cities of all Indian states, representing the geographical distribution, shared their willingness to participate and provide necessary data. Clinicians were instructed to complete the questionnaire independently without consulting colleagues. Written informed consent was obtained from each participant before the study began.

Statistical analysis

The data were analyzed using descriptive statistics, with categorical variables summarized as frequencies and percentages. Visual tools such as graphs and pie charts were generated using Microsoft Excel 2013 (version 16.0.13901.20400) to depict the distribution of responses.

Results

The study included 269 participants. Approximately 48% reported that between 21% and 39% of GERD patients experience night-time heartburn. More than half (52.79%) of the clinicians identified the 45-to-60-year age group as the most commonly diagnosed with night-time heartburn in GERD. Nearly 47% of participants stated that maintaining patient compliance with a regular diet is the most

challenging aspect of managing GERD. Approximately 46% reported that a lack of patient education is a key factor affecting adherence to medication. Nearly 89% of clinicians indicated that rabeprazole is preferred for its long-acting effects in treating night-time heartburn in GERD (Fig. 1).

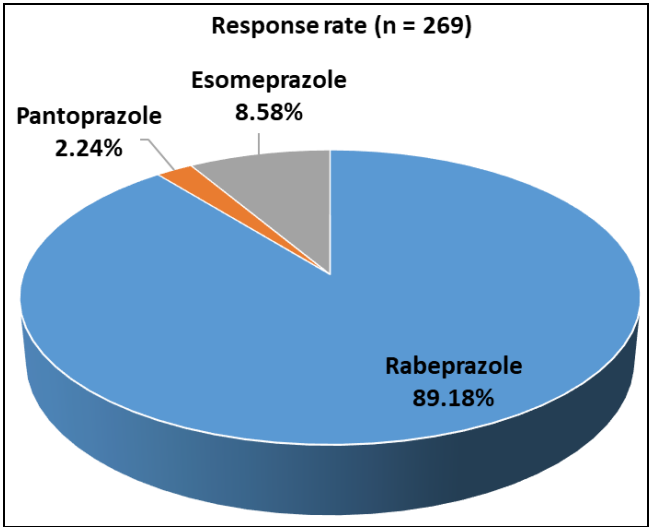


Fig 1: Distribution of responses on preferred PPI for longer night-time relief in GERD-related heartburn

More than half (50.93%) of the clinicians reported that pellets or capsules are the preferred dosage forms for PPIs. According to 41% of experts, 11% to 20% of GERD patients require multiple therapies for effective management. About 58% of clinicians reported that the American College of Gastroenterology (ACG) guidelines are the most commonly followed for managing GERD. Nearly 89% of participants preferred the combination of rabeprazole and domperidone for treating night-time heartburn in GERD (Table 1). The majority of participants (90.71%) favored the rabeprazole + domperidone combination, perceiving it as more effective than other PPI combinations (pantoprazole, esomeprazole, and omeprazole + domperidone) in managing night-time heartburn in GERD (Table 2).

Table 1: Distribution of responses to the use of combination drugs for night-time heartburn with GERD

Preference	Response rate (n = 269)
Rabeprazole + domperidone	89.22%
Pantoprazole + domperidone	5.2%

Table 2: Distribution of responses to perceived differences in efficacy between rabeprazole + domperidone and other PPI combinations (pantoprazole, esomeprazole, omeprazole + domperidone) in managing night-time heartburn in GERD

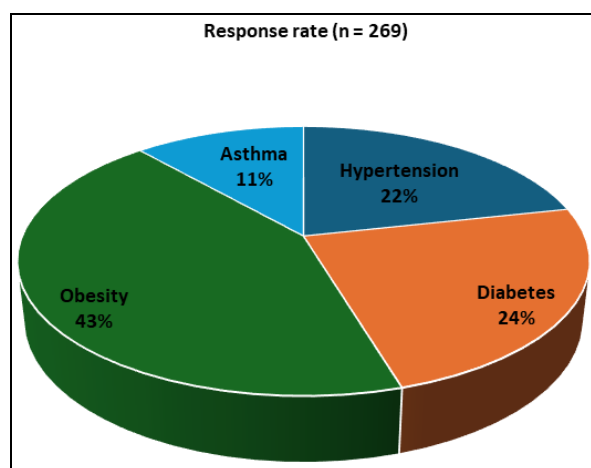
Efficacy	Response rate (n = 269)
Rabeprazole + domperidone is more effective	90.71%
No significant difference	8.92%
Less effective	0.37%

Around 32% of clinicians reported synergistic effect as the primary advantage of fixed drug combinations such as rabeprazole plus domperidone in the management of GERD. Over 90% of participants stated that this combination offers the fastest relief for night-time heartburn in GERD (Table 3). Approximately 38% of clinicians indicated that morning

is the optimal time for patients to take their medication. More than half (58.36%) of participants believed that 26% to 50% of patient's experience relief from night-time heartburn with the rabeprazole plus domperidone combination. Nearly 43% of respondents reported that GERD patients with night-time heartburn also had obesity as a comorbid condition (Figure 2).

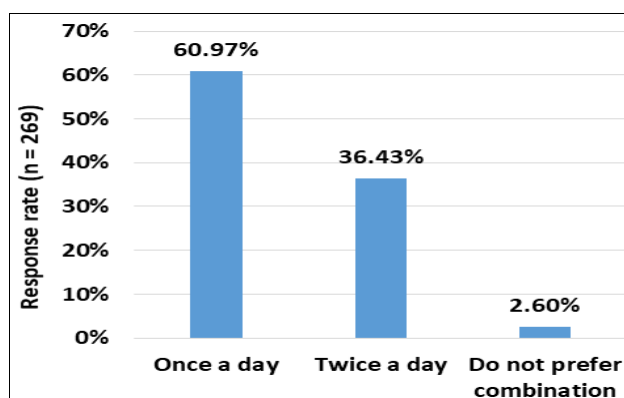
**Table 3:** Distribution of responses to the fastest relief drug combination for night-time heartburn with GERD

Preference	Response rate (n = 269)
Rabeprazole + domperidone	91.45%
Pantoprazole + domperidone	1.86%
Esomeprazole + domperidone	5.95%
Omeprazole + domperidone	0.37%

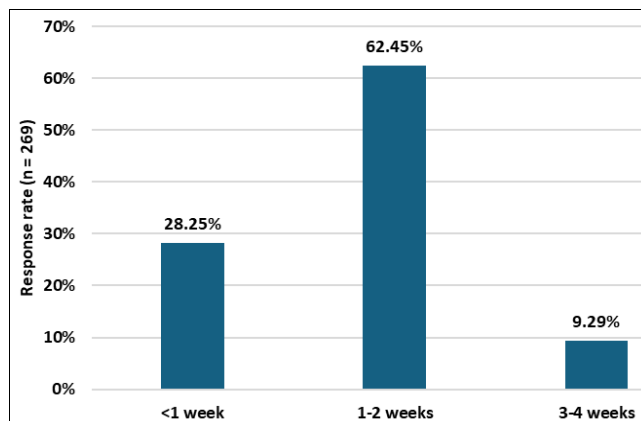


**Fig 2:** Distribution of responses to the most common co-morbid conditions observed in patients with night-time heartburn associated with GERD

Nearly half (47.21%) of participants identified alcohol consumption, smoking, and poor diet as major risk factors for GERD. More than half (52.04%) reported that 6% to 15% of patients switched from the rabeprazole plus domperidone combination to another PPI due to lack of efficacy or adverse effects. Approximately 61% of experts recommended the rabeprazole plus domperidone combination for managing night-time heartburn in GERD (Fig. 3). According to 62% of respondents, a 1-to-2-week course of this combination provides noticeable relief from night-time heartburn (Fig. 4).



**Fig 3:** Distribution of responses to recommended frequency of rabeprazole + domperidone for patients with night-time heartburn in GERD



**Fig 4:** Distribution of responses to the number of days' patients experience relief from night-time heartburn in GERD after receiving rabeprazole + domperidone

Around 33% of participants suggested an eight-week treatment duration with the rabeprazole plus domperidone combination for night-time heartburn in GERD, while 32% reported four weeks as the typical duration. Nearly 64% of experts indicated that clinical experience plays a key role in selecting the appropriate PPI for GERD patients with night-time symptoms. According to 64% of clinicians, endoscopy is the investigation of choice for determining the appropriate PPI in the treatment of night-time heartburn in GERD (Table 4).

**Table 4:** Distribution of responses to the investigation of choice for GERD

Choice of investigation	Response rate (n = 269)
24 hr intraluminal PH monitoring	30.48%
Manometry	4.83%
Barium swallow	4.09%
Endoscopy	60.59%

Around 45% of participants reported that 21% to 30% of patients with nonerosive reflux disease (NERD) preferred rabeprazole. Additionally, around 32% of participants reported that individual one-to-one sessions are preferred for educating patients with GERD.

## Discussion

This nationwide study of 269 clinicians offers valuable insights into clinical practices and preferences in the management of GERD, with a particular emphasis on night-time heartburn in Indian clinical settings. A significant majority of clinicians identified rabeprazole as their preferred proton pump inhibitor (PPI), primarily due to its prolonged action in alleviating night-time symptoms. These findings align with a previous cross-sectional survey conducted by the current authors, which similarly reported a strong preference for rabeprazole in routine practice.<sup>8</sup> Additionally, Lawate *et al.* demonstrated that rabeprazole effectively provides rapid and sustained relief from both daytime and nocturnal GERD symptoms in patients with moderate to severe disease<sup>[9]</sup>.

In the current study, the majority of participants favored the combination of rabeprazole and domperidone for managing nighttime heartburn associated with GERD and reported the combination to be highly effective. Supporting this observation, a systematic review and meta-analysis by Jung *et al.*, which included 16 randomized controlled trials and a

total of 1,446 participants, found that combining prokinetics with PPIs was more effective than PPI monotherapy in patients with GERD [10]. Similarly, a meta-analysis by Zamani *et al.* comprising 11 studies and a total of 841 participants (419 in the PPI plus domperidone group and 422 in the PPI monotherapy group) demonstrated that the combination therapy led to a significant reduction in overall GERD symptoms. The incidence of adverse events in the PPI plus domperidone group was comparable to that observed with PPI monotherapy [11].

Further supporting these findings, a study by Sahani *et al.* reported that, from the patients' perspective, 94% experienced excellent or good relief as assessed by their physicians, while 86% rated the treatment as good or excellent. In addition to effectively alleviating GERD symptoms, the rabeprazole and domperidone combination was well tolerated and may contribute to improved quality of life in patients with GERD [7].

Most participants indicated that the combination of rabeprazole and domperidone offers the quickest relief from night-time heartburn associated with GERD. This finding is consistent with the current authors' previous study, which also reported that this combination delivers rapid relief from nighttime GERD symptoms [8]. Philip *et al.* also found that rabeprazole provided rapid and effective relief from heartburn, with significant improvement observed as early as the first day of treatment [12].

Many respondents noted that a significant number of GERD patients experiencing nighttime heartburn also had obesity as a co-existing condition. A study by El-Serag *et al.* identified overweight and obesity as strong, independent risk factors for both GERD symptoms and esophageal erosions. Notably, these associations could not be fully explained by the amount or composition of dietary intake, suggesting that obesity itself plays a key role in the pathophysiology of GERD [13]. Similarly, a study by Sakaguchi *et al.* found that both the prevalence of GERD and the incidence of hiatal hernia were significantly higher among obese individuals. Furthermore, the incidence of GERD was notably elevated in individuals who had experienced recent weight gain, highlighting the potential impact of fluctuations in body weight on GERD development [14].

Many clinicians considered endoscopy the preferred diagnostic tool for evaluating GERD. A study by Katz *et al.* reported that for patients presenting with chest pain after cardiac causes have been ruled out, objective testing for GERD, such as endoscopy and/or reflux monitoring, is recommended to confirm the diagnosis [15]. However, in cases where patients have a typical or uncomplicated history of GERD, Muthusamy *et al.* suggested that an initial trial of empiric medical therapy is generally appropriate. Endoscopy should typically be considered only if the symptoms persist or worsen despite initial treatment. [16]

The study offers a comprehensive overview of how GERD, particularly nighttime heartburn, is managed in Indian clinical settings. It provides valuable insights into clinicians' preferences, their prescribing practices, and their perceptions of the effectiveness of rabeprazole combined with domperidone. One of the survey's key strengths is the participation of a sizable and diverse group of 269 clinicians. However, there are some limitations to consider. The reliance on self-reported data may introduce bias, and the absence of patient-reported outcomes, along with the

lack of regional or practice setting breakdowns, could affect the generalizability of the results.

## Conclusion

The study underscores clinicians' preference for the rabeprazole-domperidone combination in managing nighttime GERD, citing its rapid and sustained symptom relief. Experts identified the 45-60 age group as the most commonly affected, with adherence challenges often linked to dietary habits and patient education. Obesity and other lifestyle factors were frequently noted as contributors, and endoscopy remained the preferred diagnostic tool. Overall, the study findings support the practical utility of this regimen in improving real-world patient outcomes.

## Acknowledgement

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