

Commercial critique assignment

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Gastroesophageal reflux disease, also known as GERD, is gastroesophageal reflux through the lower esophageal sphincter (LES) into the esophagus or oropharynx that produces symptoms, injury to esophageal tissue, or both. The stomach continuously produces hydrochloric acid that helps in digesting food. GERD is related to failure of the lower esophageal sphincter (LES) to close properly. This results in reflux of acid into the unprotected lining of the esophagus.

The pathophysiology of GERD is not completely understood and is complex. The main etiologic factors are believed to be an abnormal LES pressure and increased reflux during temporary LES relaxation. The inner lining of the stomach is protected from the acid “ by the presence of prostaglandins present in gastric mucus that inhibit gastric secretion, stimulate bicarbonate ion secretion, and enhance blood flow” (O’Malley, 2010). The stomach is also protected by “ tight intracellular junctions and a mucin layer over epithelial cells” (O’Malley, 2010).

Medications used to treat GERD include H₂-receptor antagonists, antacids, and proton pump inhibitors in nonprescription and prescription strength. Antacids neutralize stomach acid, include Maalox, Mylanta, and Tums, and may provide quick relief. Antacids will not heal an esophagus damaged by stomach acid. H₂-receptor antagonists are medications that work by reducing the amount of acid the stomach produces by blocking an important producer of acid- histamine 2. H₂-receptor blockers include cimetidine (Tagamet HB), famotidine (Pepcid AC), or ranitidine (Zantac 75).

H2 receptors blockers are slower acting than antacids but last longer. Proton pump inhibitors block acid production and heal the esophagus. Proton pump inhibitors include lansoprazole (Prevacid 24 HR), omeprazole (Prilosec OTC), and Dexilant (dexlansoprazole) (GERD: Treatment and Drugs, 2010). Proton pump inhibitors reduce the production of acid by blocking the enzyme in the wall of the stomach that produces acid. The reduction of acid prevents ulcers and allows any ulcers that exist in the esophagus, stomach, and duodenum to heal. In an Internet advertisement for Dexilant (dexlansoprazole), it states that persistent heartburn two or more days a week, despite treatment and diet changes, could be acid reflux disease. It goes on to say that since heartburn and other symptoms of acid reflux disease affect different people in different ways, it is important to talk to your doctor. In addition, it states, "Only your doctor can diagnose acid reflux disease and determine if there is any damage to your esophagus site" Dexilant is a timed release Proton pump inhibitor that is a prescription medication that can provide relief for up to 24 hours.

It is available in 30 mg. or 60 mg. in a dual release capsule taken with or without food. The capsule contains two different types of granules; one is released immediately and the other about four to five hours later (About Dexilant, 2010). Prilosec OTC is also advertised on the Internet. The page has a lot of useful health information including a description of how heartburn is caused, how Prilosec OTC works to stop acid production, common foods and lifestyle factors that cause heartburn (heartburn triggers).

The advertisement goes on to list trigger foods and simple tips for making smart choices to fight frequent heartburn, including the right diet and a <https://assignbuster.com/commercial-critique-assignment/>

healthy lifestyle. The ad then discusses the 14-Day Prilosec OTC Regimen: “Prilosec OTC blocks the burn for 24 hours with one pill a day”. Claims made in the advertisement for Prilosec OTC are that it is a proactive treatment, unlike most reactive heartburn treatments. The ad goes on to state that Prilosec OTC is in the strongest class of heartburn medicines available over the counter.

Other statements regarding Prilosec OTC are that it blocks heartburn before it begins with one pill a day for 14 days, and it was the first prescription proton pump inhibitor (PPI) introduced. In 2003, Prilosec becomes the first PPI available over the counter and in 2004, it becomes the number one selling OTC heartburn medicine for treating frequent heartburn, and finally, in 2005, it was named the number one doctor recommended OTC acid reducer (Heartburn Treatment and Heartburn Relief, 2010).

For Dexilant, advertisement claims include a statement that it “heals damage to the esophagus and keeps it from coming back”(About Dexilant, 2010). The ad goes on to claim that clinical studies have shown that Dexilant not only relieves heartburn around the clock, but also heals damage (erosions) to the esophagus and keeps it from coming back. “Individual results may vary”. However, it does not say what study was done or give any information concerning it. It also claims Dexilant can provide up to 24 hours of heartburn relief in many adults with acid reflux disease (About Dexilant, 2010).

Both medications are Proton pump inhibitors and are used to treat heartburn and GERD. Proton pump inhibitors are very similar in action and there is no

evidence that one is more effective than another is (GERD: Treatment and Drugs, 2010). They differ in how they are broken-down by the liver and their drug interactions. Proton pump inhibitors interact with few drugs. The absorption into the body of some drugs is affected by the presence of acid in the stomach, and because PPIs reduce acid in the stomach, they may affect the absorption of these drugs.

PPIs reduce the absorption and concentration in the blood of Nizoral and increase the absorption and concentration of Lanoxin. There may be reduced effectiveness of Nizoral and an increase in Lanoxin toxicity (Heartburn Treatment and Heartburn Relief, 2010). Prilosec is more likely than the other PPIs to reduce the breakdown of drugs by the liver and may increase the concentration in the blood of Valium, Coumadin and Dilantin (Heartburn Treatment and Heartburn Relief, 2010). Before taking Dexilant, tell your doctor if you are taking ampicillin, atazanavir, digoxin, iron, ketoconazole, or tacrolimus.

Before taking Prilosec OTC, tell your physician if you are taking warfarin, prescription antifungal or anti-yeast medicines, diazepam, or digoxin (Heartburn Treatment and Heartburn Relief, 2010). Side effects of Prilosec OTC include headache, diarrhea, constipation, upset stomach, cough, dizziness, rash, cold symptoms. The most common side effects of Dexilant were diarrhea, stomach pain, nausea, common cold, vomiting, and gas. Both advertisements had a question and section. The Prilosec OTC ad had a lot of information regarding heartburn and GERD, and information on healthy foods and lifestyle.

The Dexilant ad had links for coupons and a symptom checker. The Prilosec OTC ad also had a safety announcement discussing a possible increased risk of fractures. It states “ On May 25, 2010, the FDA released a drug-class announcement stating that all prescription and over-the-counter proton pump inhibitors (PPIs) product labeling will be revised as a precautionary measure to include a possible increased risk of hip, wrist, and spine fractures” (Heartburn Treatment and Heartburn Relief, 2010).

In addition, there was also a public health advisory issued by the FDA, on the Prilosec OTC ad, that recommends patients avoid the combination of omeprazole products (i. e. , Prilosec Rx??, Prilosec OTC??, and generic/store-brand omeprazole) with clopidogrel, which is marketed as Plavix??.

Omeprazole (Prilosec) may reduce the anti-clotting effect of Plavix (Heartburn Treatment and Heartburn Relief, 2010). I could not find these warning on the Dexilant. Both medications had the safety warning concerning pregnancy and nursing. References

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