




# Enduring Relief



## Therapeutic Approach

Indications		
<b>Nexium 20 mg BID</b> 	Eradication and healing of <i>H.pylori</i> duodenal ulcer (One week triple therapy)	
<b>Nexium 20 mg OD</b> 	<b>GERD</b>	Symptomatic treatment of GERD
		Long-term management of patient with healed esophagitis to prevent relapse
	<b>NSAID</b>	<b>Treatment</b> of upper GI symptoms associated with NSAID therapy
		<b>Healing</b> of gastric ulcers associated with NSAID therapy, including COX-2 selective NSAIDs
<b>Nexium 40 mg OD</b> 	<b>GERD</b>	<b>Prevention</b> of GU and DU associated with NSAID therapy, including COX-2 selective NSAIDs, in patients at risk
		Treatment of erosive reflux esophagitis (4-8 weeks)

**Nexium® esomeprazole Tablets 20 mg and 40 mg Composition** Each tablet contains: 20 mg or 40 mg esomeprazole (as magnesium trihydrate). **Indications** Nexium tablets are indicated for: **Gastroesophageal Reflux Disease (GERD)** - treatment of erosive reflux esophagitis - long-term management of patients with healed esophagitis to prevent relapse - symptomatic treatment of gastroesophageal reflux disease (GERD) **Patients requiring continued NSAID therapy** - treatment of upper gastrointestinal symptoms associated with non-steroidal anti-inflammatory drug (NSAID) therapy - healing of gastric ulcers associated with non-steroidal anti-inflammatory (NSAID) therapy, including COX-2 selective NSAIDs - prevention of gastric and duodenal ulcers associated with non-steroidal anti-inflammatory drug (NSAID) therapy, including COX-2 selective NSAIDs, in patients at risk **In combination with an appropriate antibacterial therapeutic regimen for the eradication of Helicobacter pylori and** - healing of Helicobacter pylori associated duodenal ulcer. Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion **Dosage and method of administration** The tablets should be swallowed whole with liquid. The tablets should not be chewed or crushed. **Gastroesophageal Reflux Disease (GERD) including children 12-18 years old** - treatment of erosive reflux esophagitis: 40 mg once daily for 4 weeks. An additional 4 weeks treatment is recommended for patients in whom esophagitis has not healed or who have persistent symptoms. - long-term management of patients with healed esophagitis to prevent relapse: 20 mg once daily. - symptomatic treatment of gastroesophageal reflux disease (GERD): 20 mg once daily in patients without esophagitis. If symptom control has not been achieved after four weeks, the patient should be further investigated. Once symptoms have resolved, subsequent symptom control can be achieved using taking 20 mg once daily under medical supervision. **Patients requiring continued NSAID therapy** - treatment of upper gastrointestinal symptoms associated with NSAID therapy: 20 mg once daily in patients requiring NSAID therapy. If symptom control has not been achieved after 4 weeks, the patient should be further investigated. - healing of gastric ulcers associated with NSAID therapy: 20 mg or 40 mg once daily for 4 to 8 weeks - prevention of gastric and duodenal ulcers associated with NSAID therapy in patients at risk: 20 mg or 40 mg once daily **In combination with an appropriate antibacterial therapeutic regimen for the eradication of Helicobacter pylori:** - healing of Helicobacter pylori associated duodenal ulcer: 20 mg Nexium with 1 g amoxicillin and 500 mg clarithromycin, all twice daily for 7 days. **Pathological hypersecretory conditions including Zollinger-Ellison syndrome and idiopathic hypersecretion** - The recommended initial dosage is Nexium 40 mg twice daily. **Contraindication** Known hypersensitivity to esomeprazole, substituted benzimidazoles or any other constituents of the formulation. **Interactions** Esomeprazole inhibits CYP2C19, the major esomeprazole metabolising enzyme. Thus, when esomeprazole is combined with drugs metabolised by CYP2C19, such as diazepam, citalopram, imipramine, clomipramine, phenytoin etc., the plasma concentrations of these drugs may be increased and a dose reduction could be needed. Concomitant administration of 40 mg esomeprazole to warfarin-treated patients in a clinical trial showed that coagulation times were within the accepted range. However, from post-marketed use, cases of elevated INR of clinical significance have been reported during concomitant treatment with warfarin. Close monitoring is recommended when initiating and ending treatment with warfarin or other coumarine derivatives. Esomeprazole has been shown to have no clinically relevant effects on the pharmacokinetics of amoxicillin, or quinidine. Studies evaluating concomitant administration of esomeprazole and either naproxen (non-selective NSAID) or rofecoxib (COX-2 selective NSAID) did not identify any clinically relevant interaction. **Use during pregnancy and lactation** For esomeprazole no clinical data on exposed pregnancies are available **Effects on ability to drive and use machines** No effects have been observed.

Further information is available on request

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ข้อมูลนี้อาจไม่สมบูรณ์หรือมีข้อผิดพลาดได้

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