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Summary

POTASSIUM-COMPETITIVE ACID BLOCKERS VERSUS PROTON PUMP INHIBITORS FOR ACID-RELATED DISORDERS: AN UMBRELLA REVIEW OF 30 META-ANALYSIS

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Stomach & H. Pylori | Oesophagus

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Umbrella review of P-CABs versus PPIs shows vonoprazan-based triple therapy superior for H. pylori eradication in clarithromycin-resistant infections (74.9% vs 41.5%; RR 1.64) with comparable safety.

KEY POINTS

- Vonoprazan-based triple therapy demonstrated overall superiority over PPI-based regimens for H. pylori eradication (RR 1.09, 95% CI 1.03–1.15; 13 RCTs), driven predominantly by marked superiority in clarithromycin-resistant infections (eradication rate 74.9% vs 41.5%; RR 1.64, 95% CI 1.21–2.23).
- In clarithromycin-susceptible H. pylori strains, vonoprazan showed no advantage over PPIs (92.5% vs 90.1%; RR 1.01, 95% CI 0.98–1.04).
- For erosive esophagitis in PPI-resistant GERD, vonoprazan achieved healing rates of 91.7% at 4 weeks and 88.5% at 8 weeks, with superior healing versus rabeprazole (OR 3.94, 95% CrI 1.15–14.03).
- Vonoprazan significantly improved GERD symptom scores versus PPIs (MD □3.88, 95% CI □5.48 to □2.28; moderate GRADE evidence).
- Safety profiles were generally comparable, with no significant differences in overall or serious adverse events; one tegoprazan meta-analysis identified higher drug-related treatment-emergent adverse events (RR 1.23, 95% CI 1.03–1.48).
- The evidence base is predominantly Asian, clarithromycin susceptibility testing should guide therapy selection, and future research should address geographic diversity and long-term safety outcomes.

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