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Summary

Improving acid suppression in 2026

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Endoscopy | Oesophagus

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The speaker reviewed strategies to improve acid suppression in GERD, emphasizing optimization of PPI use (adherence, timing) and the emerging role of potassium-competitive acid blockers (P-CABs) as more potent alternatives for selected patients, particularly those with severe erosive esophagitis or persistent symptoms.

KEY POINTS

- The speaker stated that PPIs work well for typical heartburn but are less effective for regurgitation and have very low efficacy for chest pain, chronic cough, and asthma; real-world data from Germany showed 40% of patients remain symptomatic on twice-daily PPI.
- Before classifying a patient as refractory, the speaker recommended confirming PPI adherence and correct timing (30-60 minutes before breakfast), as patients often stop or take medication incorrectly.
- The speaker reported that P-CABs (available outside Europe, possibly in Europe by 2030) are more potent than PPIs, food-independent, and can be taken anytime; meta-analyses showed particular benefit for severe erosive esophagitis (LA grade C and D).
- The speaker noted that most P-CAB trials compared to once-daily lansoprazole, not optimized twice-daily PPI, representing a key evidence gap.
- The speaker stated that alginate-based compounds can be as effective as PPIs in short-term studies, neutralizing the acid pocket and protecting esophageal mucosa.
- In the Q&A, the speaker expressed willingness to try a P-CAB in persistent symptoms after PPI failure if pH-impedance testing is not readily available, though he would prefer testing first in his own center.

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