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Summary

IMPACT OF COMBINED PROTON-PUMP INHIBITOR AND RIFAXIMIN THERAPY IN PATIENTS WITH FUNCTIONAL DYSPEPSIA: A RANDOMIZED CONTROLLED TRIAL

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Digestive Oncology | Endoscopy | Neurogastroenterology & Motility | Oesophagus | Stomach & H. Pylori

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In functional dyspepsia patients, combining a proton pump inhibitor with rifaximin achieved superior symptom relief compared to PPI monotherapy at 4 weeks post-treatment (78.6% vs 48.9%, P=0.001).

KEY POINTS

- The primary endpoint of symptom relief rate at 4 weeks post-treatment was significantly higher in the PPI plus rifaximin group versus PPI alone in both intention-to-treat analysis (77.1% vs 47.9%, P=0.001) and per-protocol analysis (78.6% vs 48.9%, P=0.001).
- Combination therapy led to a significantly greater reduction in duodenal eosinophil infiltration (P=0.036) and decreased peak hydrogen sulfide levels (P<0.001), indicating reduced small intestinal bacterial load.
- The PPI plus rifaximin intervention increased oral microbiota beta-diversity and the relative abundance of Enterococcus (P=0.004), while PPI monotherapy enriched the potentially pathogenic bacterium Catonella (P=0.006).
- Treatment responders in the combination group showed specific enrichment of Eubacterium_yurii_group (P=0.037), which was associated with amelioration of duodenal eosinophilic inflammation and enhancement of pathways preventing bacterial epithelial invasion.
- The oral abundance of Eubacterium_yurii_group may serve as a biomarker for treatment response in functional dyspepsia patients.
- Combination therapy demonstrated a good safety profile with no serious adverse events reported in this open-label randomized controlled trial of 96 patients.

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