



HAL
open science

Renzapride in IBS: Is efficacy in the eye of the beholder?

Alexander Ford

► **To cite this version:**

Alexander Ford. Renzapride in IBS: Is efficacy in the eye of the beholder?. *Alimentary Pharmacology and Therapeutics*, 2010, 32 (1), pp.113. 10.1111/j.1365-2036.2010.04275.x . hal-00552535

HAL Id: hal-00552535

<https://hal.science/hal-00552535>

Submitted on 6 Jan 2011

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Renzapride in IBS: Is efficacy in the eye of the beholder?

Journal:	<i>Alimentary Pharmacology & Therapeutics</i>
Manuscript ID:	APT-0134-2010
Manuscript Type:	Letter to the Editors
Date Submitted by the Author:	17-Feb-2010
Complete List of Authors:	Ford, Alexander; St James's University Hospital, Department of Academic Medicine
Keywords:	Irritable bowel syndrome < Disease-based, Functional GI diseases < Disease-based, Large intestine < Organ-based, Outcomes research < Topics

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Sirs;

I read the recent paper by Lembo *et al.* concerning the use of renzapride in constipation-predominant irritable bowel syndrome (IBS-C) with interest. (1) A recent systematic review and meta-analysis, (2) performed to inform the American College of Gastroenterology's monograph for the management of IBS, (3) identified two randomised controlled trials (RCTs) of renzapride in IBS-C. There appeared to be no benefit of renzapride over placebo in the treatment of the condition (relative risk (RR) of remaining symptomatic with renzapride compared to placebo = 0.96; 95% confidence interval (CI) 0.67 to 1.36).

In Lembo *et al.*'s RCT, patients meeting the Rome II criteria for IBS-C were randomized to receive 4mg renzapride once daily, 2mg renzapride twice daily, or placebo for 12 weeks. A rigorous definition of response to treatment was used, in line with the Rome committee's recommendations for the design of treatment trials in the functional GI disorders. (4) Both renzapride regimens were superior to placebo, in terms of the proportion of patients reporting relief of overall IBS symptoms (29.8% with renzapride 4mg once daily, 33.2% with renzapride 2mg twice daily, and 24.3% with placebo (RR of symptoms persisting with renzapride 4mg once daily = 0.93; 95% CI 0.86 to 0.99 and RR of symptoms persisting with renzapride 2mg twice daily = 0.88; 95% CI 0.82 to 0.95)). Despite this, and possibly because of the occurrence of three cases of ischaemic colitis during the subsequent long-term safety follow-up study, the authors concluded that the drug was unlikely to provide any clinically meaningful improvement in IBS symptoms and Alizyme, the manufacturer, have discontinued the drug's development.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

It is interesting to compare the interpretation of the results of this trial with those of two RCTs of lubiprostone in IBS-C published recently in a single article, (5) where the pooled response rate (defined using very similar, though not identical, criteria) with lubiprostone was only 17.9%, compared with 10.1% with placebo. The authors of this study concluded that lubiprostone provided an efficacious treatment option for patients with IBS-C. The results of these two trials led the Food and Drug Administration agency in the United States to approve the use of this drug for the condition. It would appear that drug efficacy, at least in treatment trials in IBS-C, is in the eye of the beholder.

Authors:

Alexander C Ford¹

¹Senior Lecturer in Medicine and Honorary Consultant Gastroenterologist,
Department of Academic Medicine, St. James's University Hospital, Leeds, UK.

Competing Interests:

None.

REFERENCES

1. Lembo AJ, Cremonini F, Meyers N, Hickling R. Clinical trial: Renzapride treatment of women with irritable bowel syndrome and constipation – a

- 1
2
3 double-blind, randomized, placebo-controlled, study. *Aliment Pharmacol Ther*
4
5 2010; doi: 10.1111/j.1365-2036.2010.04265.x
6
7
- 8 2. Ford AC, Brandt LJ, Young C, Chey WD, Foxx-Orenstein AE, Moayyedi P.
9
10 Efficacy of 5-HT₃ antagonists and 5-HT₄ agonists in irritable bowel syndrome:
11
12 Systematic review and meta-analysis. *Am J Gastroenterol* 2009;104:1831-
13
14 1843.
15
16
- 17 3. American College of Gastroenterology IBS Task Force. An evidence-based
18
19 position statement on the management of irritable bowel syndrome. *Am J*
20
21 *Gastroenterol* 2009;104 (suppl 1):S1-35.
22
23
- 24 4. Design of Treatment Trials Committee, Irvine EJ, Whitehead WE, Chey WD,
25
26 Matsueda K, Shaw M, Talley NJ, Veldhuyzen Van Zanten SJ. Design of
27
28 treatment trials for functional gastrointestinal disorders. *Gastroenterology*
29
30 2006;130:1538-1551.
31
32
- 33 5. Drossman DA, Chey WD, Johanson JF, Fass R, Scott C, Panas R, Ueno R.
34
35 Clinical trial: Lubiprostone in patients with constipation-associated irritable
36
37 bowel syndrome – results of two randomized, placebo-controlled studies.
38
39
40
41 *Aliment Pharmacol Ther* 2009;29:329-341.
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60