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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.

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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.

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Competing Interests:

None.

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