Proton Pump Inhibitors: A Balanced View

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Preface

The discovery of proton pump inhibitors (PPIs) and their development in a variety of clinical scenarios has dramatically changed the management of acid-related diseases. The therapeutic domain of PPIs ranges from relief of symptoms to cure of mucosal lesions in the upper gastrointestinal tract. PPIs are the 'mainstay' therapy in acid-related symptoms, gastroesophageal reflux disease (GERD), peptic ulceration (PU), peptic ulcer, and bleeding. PPIs have a predominant role in prophylaxis of gastroduodenal damage from NSAIDs and aspirin, and they are used in a series of other distinct disease entities.

We had the privilege through clinical trials with PPIs to gain deep insights into the basic mechanisms of upper digestive pathologies such as GERD and PU. Those who prophesized the end of potent acid suppression in peptic ulcer disease with the discovery of *Helicobacter pylori* had to learn that PPIs are an essential ingredient for all treatment regimens aimed at the eradication of *H. pylori*.

After nearly 25 years of therapeutic experience with PPIs and hundreds of millions of patients that have benefited from PPI treatment, we fully appreciate the enormous value of these drugs, which have truly become 'stellar' in gastroenterology.

When PPIs were first introduced, their use was restricted to the Zollinger-Ellison syndrome because of fear that they might be too potent in their acid suppression. This was promptly overcome when the benefits of PPIs became apparent in all acid-related diseases. PPIs are now available as over-the-counter drugs, which is certainly the strongest indication of their safety and legitimation for wide use.

The risk of side effects with PPIs is recognized to be remarkably low. Nevertheless, some adverse effects with PPIs in selected patients demand that we remain alert and continue to learn about the consequences of long-term acid suppression.

We are grateful to all the authors that contributed their immense experience to this update on PPIs.

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