

Omeprazole vs Famotidine for the prevention of gastroduodenal injury in high-risk users of low-dose aspirin: A randomized controlled trial

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- Low-dose Aspirin is widely used in the prevention of CV diseases. However, the use of aspirin is associated with an increased risk of gastrointestinal injury.
- 170 low-dose Aspirin users with a history of peptic ulcers who did not have gastroduodenal mucosal breaks at initial endoscopy were randomly assigned to receive Famotidine (20 mg bid) or Omeprazole (20 mg qd) for 6 months.
- The two patient groups had comparable incidence rates of gastroduodenal ulcers, and gastroduodenal bleeding.
- The use of the proton pump inhibitor was observed to be an independent protective factor for gastrointestinal injury.

Omeprazole was superior to Famotidine in the prevention of gastroduodenal mucosal breaks in high-risk users of low-dose aspirin.