

ULCER DRUGS

CLASS	ACTION	SIDE EFFECTS	INTERACTIONS	IMPLICATIONS/OTHER
ANTACIDS				
Aluminium hydroxide Magnesium hydroxide Calcium carbonate Sodium bicarbonate Aluminum-magnesium combination Calcium-magnesium combination Magnesium-aluminum-simethicone	-neutralizes gastric acid -raises the pH of the stomach -incr. resistance of lining to irritation -incr. tone of LES	<u>Common SE</u> Al & Ca: Constipation Mg: Diarrhea <u>Serious SE</u> -rebound hyperacidity -sodium retention -hypermagnesemia -hypophosphatemia	Tetracycline Phenothiazines Isoniazid (INH) Diazepam (VALIUM) Phenytoin (DILANTIN)	-take 1 hr after eating & do not take other meds within 1-2 hrs of antacid -avoid meds that decr. stomach pH or incr. acidity -chew tablets & take w/ 8 oz water -maintain a schedule for administration -monitor for side effects -teach about interactions w/ OTC's and prescribed meds
H-2 ANTAGONISTS			<u>Cimetidine interacts w/:</u>	
Cimetidine-TAGAMET Rantidine-ZANTAC Famotidine-PEPCID Nizatidine-AXID	-decr. gastric acidity -inhibits release of histamine	-confusion -diarrhea/constipation -HA, dizziness -anxiety -hypotension -agranulocytosis -gynecomastia -impotence (TAGAMET)	Theophylline Ca Ch blockers Carbamazepine Metoprolol Metronidazole Lidocaine Lorazepam Sulfonylureas Tricyclic antidepressants Phenytoin Quinidine Quinine Phenytoin Diazepam Warfarin Caffeine	-limit caffeine intake -take before meals & at night -teach about SE -P450 inhibitor (TAGAMET)
PROTON PUMP INHIBITORS				
Omeprazole (PRILOSEC)	-inhibits gastric secretion -inhibits release of histamine -long term tx of pathologic acid-hypersecretory states -used w/ "triple therapy" of <i>H. pylori</i>	-acute: mild (diarrhea, nausea) H/A		-most widely used -most effective -acts at H-2 receptor
PG DERIVATIVES				
Misoprostol (CYTOTEC)	-inhibits gastric secretion -stimulates mucus secretion (mucotropic/cytoprotective)	-diarrhea -oxytocic -potential dysmenorrhea -spotting		-NO use in pregnancy or women of child bearing age -only approved use is prophylaxis of gastric ulcers in patients taking lg. NSAIDS
ULCER COATING				
Sucralfate (CARAFATE)	-binds to damaged/necrotic tissue -short term tx of benign duodenal ulcers -tx of stress ulcers	-potential constipation	-binds to, inhibits absorption of many orally administered drugs	-has no antacid activity