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THE EFFECT OF RANITIDINE, A NEW HISTAMINE H₂-RECEPTOR ANTAGONIST, ON THE AMYLASE/CREATININE CLEARANCE RATIO

A recent article in your correspondence columns reported the effect of cimetidine on the amylase/creatinine clearance ratio (ACCR, a sensitive test for pancreatic dysfunction) because of the possibility of exocrine pancreatic damage with this histamine H₂-receptor antagonist (Murie, Murray & Roberts, 1980). No evidence of ACCR elevation during long term oral cimetidine therapy was found.

A new histamine H₂-receptor antagonist, ranitidine hydrochloride, has recently become available. This drug is reported to be several times more potent than cimetidine on a molar basis (Peden, Saunders & Wormsley, 1979; Domschke, Lux, Domschke & Demling, 1979) and, hence, the theoretical possibility exists that this more potent drug may cause pancreatic damage.

We have estimated the ACCR of 15 patients with active duodenal ulceration prior to treatment with

ranitidine by a clinically relevant oral dose of 300 mg daily. The ACCR was repeated after 2 and 4 weeks of therapy. The mean control ACCR of the group was 2.55 ± 0.25 . The ACCR at week 2 and week 4 of treatment were 2.31 ± 0.13 and 2.45 ± 0.20 , values not significantly different from control using Student's *t*-test for paired values.

We have thus found no evidence of ACCR elevation during one month's treatment with ranitidine. This suggests that ranitidine does not damage the exocrine pancreas.

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