Table 1

Author, date, and country	Patient group	Study type	Outcomes	Key results	Study weaknesses
Traub S, <i>et al</i> , 2002, USA	4 papers reporting the effect of physostigmine on GHB affected patients	Systematic review	6 Emergency Department patients as case reports 67 anaesthetised patients in two case series (25 and 42 patients)	5 said to have improved 60 patients awake within 10 minutes	Case reports and uncontrolled, unblinded series only. Anaesthetised patients had many drugs

Terlipressin or sclerotherapy for acute variceal bleeding?

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Abstract

A short cut review was carried out to establish whether terlipressin or sclerotherapy is more effective at reducing acute bleeding and mortality in acute oesophageal variceal bleeding. 327 papers were found using the reported searches, of which one presented the best evidence to answer the clinical question. The author, date, and country of publication, patient group studied, study type, relevant outcomes, results, and study weaknesses of this best paper is tabulated. It is concluded that terlipressin may be as effective as sclerotherapy in acute variceal bleeding and should certainly be considered if there is delay to endoscopy.

Clinical scenario

A 56 year old patient with known oesophageal varices presents to the emergency department with a large haematemesis. Despite your best efforts you cannot organise endoscopy in less than 4 hours. You wonder whether terlipressin (glypressin) is an effective alternative to sclerotherapy.

Three part question

In [adults with known varices] is [terlipressin or sclerotherapy] more effective at [reducing acute bleeding and mortality]?

Search strategy

MEDLINE using the OVID interface 1966 to January Week 1 2006

Embase using the OVID interface 1980 to 2006 Week 02

[varice\$.mp. OR exp Gastrointestinal Hemorrhage/OR exp "Esophageal and Gastric Varices"/] AND [sclerotherapy.mp. OR exp Sclerotherapy/OR exp Hemostasis, Endoscopic/] AND [glypressin.mp. OR terlipressin.mp. OR vasopressin.mp. OR exp Vasopressins/] LIMIT to Humans and English Language and Abstracts only

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[esophageal and gastric varices {MeSH explode all trees}] AND [sclerotherapy {MeSH explode all trees}] AND [vasopressins {MeSH explode all trees} OR glypressin {all fields} OR terlipressin {all fields} OR lypressin {all fields}].

Search outcome

327 papers found of which three were relevant. One meta-analysis and one Cochrane review (by the same authors) referred to the single RCT quoted below

Comment(s)

Only one randomised controlled trial was found. No significant difference in control of bleeding or mortality was demonstrated; there was a trend towards fewer side effects with terlipressin.

► CLINICAL BOTTOM LINE

Terlipressin (glypressin) may well be as effective as sclerotherapy for acute variceal bleeds. It could be considered when there is a delay to endoscopy. Many centres now use band ligation rather than sclerotherapy; this has not been compared to vasoactive drugs.

Escorsell A, Ruiz del Arbol L, Planas R, *et al*. Multicenter Randomised Controlled Trial of Terlipressin versus Sclerotherapy in the Treatment of Acute variceal Bleeding: the TEST study. *Hepatology* 2000;**32**(3):471-476.

Table 2

Author, date, and country	Patient group	Study type	Outcomes	Key results	Study weaknesses
Escorsell A, <i>et al</i> , 2000, Spain	219 cirrhotic patients with endoscopy proven variceal bleeding.	Multi-centre unblinded randomised controlled trial	48-hour failure to control bleeding 5 day rebleeding rate 42 day mortality rate Pre-defined side effects	Failure rates were 33% for terlipressin and 32% for sclerotherapy (not significant) Rebleeding rates were the same (14% vs 14%) 26 out of 105 terlipressin patients died versus 19 of the 114 sclerotherapy patients (not significant) Trend towards more side effects with sclerotherapy (30% v 20%, p=0.6)	Not blinded, ie assessors of outcomes not clearly blinded to treatment allocation. Intention-to-treat analysis not stated