Highlights from the literature

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Major gastrointestinal bleeding in older persons using aspirin—incidence and risk factors

There is a lack of robust data into whether aspirin increases the risk of gastrointestinal (GI) bleeding. Mahady *et al* (*GUT* 2020, <http://dx.doi.org/10.1136/gutjnl-2020-321585>) extracted data from the ASPREE (ASpirin in Reducing Events in the Elderly) randomised controlled trial (n=19 114, age 70 years and over, median follow-up 4.7 years). The endpoint was major bleeding defined as that resulting in transfusion, hospitalisation, surgery or death. Over the study period there were 137 upper GI (89 in aspirin arm, 48 in placebo arm; HR 1.87, 95% CI 1.32 to 2.66, $p<0.01$) and 127 lower GI bleeds (73 in aspirin arm, 54 in placebo arm; HR 1.36, 95% CI 0.94 to 1.9, $p=0.08$). Risk factors for bleeding included age, hypertension, smoking, chronic kidney disease, non-steroidal anti-inflammatory use and obesity. The authors concluded that although the overall risk of bleeding on aspirin is 60% higher, the absolute risk is low particularly in the younger patient in the absence of other risk factors.

Efficacy of drugs for functional dyspepsia

Functional dyspepsia is a relapsing and remitting condition affecting between 5% and 10% of people. There are multiple potential treatments although limited data on efficacy. Ford *et al* (*Aliment Pharm Therap* 2020, <https://doi.org/10.1111/apt.16072>) have undertaken a systematic review with meta-analysis of 71 randomised controlled trials (RCTs), 19 243 patients with strict eligibility criteria. Efficacy was reported as a pooled relative risk (RR) of remaining symptomatic with a 95% CI to summarise efficacy of each comparison tested. Relative ranking was assessed with surface under the cumulative ranking curve (SUCRA) probabilities. In summary, multiple treatments showed efficacy (in order) including antipsychotics (although small number of studies), tricyclic antidepressants, H₂ receptor blockers, standard and low-dose proton-pump inhibitors, compared with placebo. Although tricyclic antidepressants (TCAs) were ranked second for efficacy (RR of remaining symptomatic = 0.71; 95% CI 0.58 to 0.87, SUCRA 0.87), they were first when only low risk of bias trials were included. Most RCTs that used

TCAs recruited patients who were refractory to other drugs. The methodology, figures, tables and results are interesting to work through and helpful to aid management of this very common condition.

Long-term safety of vedolizumab for inflammatory bowel disease

Vedolizumab is a gut-selective monoclonal antibody directed against $\alpha_4\beta_7$ integrin and approved for the treatment of moderately to severely active UC and CD. Loftus *et al* (*Aliment Pharm Therap* 2020, <https://onlinelibrary.wiley.com/doi/10.1111/apt.16060>) report the final results from the vedolizumab GEMINI long-term safety study. There is a large amount of data in the paper. Continuous vedolizumab maintained clinical response long-term with 33% (UC) and 28% (CD) of patients in clinical remission at 400 treatment weeks. Serious adverse events (AEs) were reported for 31% (UC) and 41% (CD) of patients with discontinuation of medication due to AEs in 15% (UC) and 17% (CD) of patients. There were no new trends for infections, malignancies, infusion-related reactions or hepatic events, and no cases of progressive multifocal leucoencephalopathy. GI infections were infrequent (34.9 and 39.6/1000 patient years for UC and CD, respectively). Of the 10 deaths (UC, n=4; CD, n=6), two were considered drug-related by local investigators (West Nile virus infection-related encephalitis and hepatocellular carcinoma). In summary, the authors conclude that vedolizumab has a safety and tolerability profile suitable for long-term treatment of patients with moderately to severely active UC or CD.

Epidemiology and outcome of gastroparesis

Gastroparesis is characterised by chronic upper GI symptoms with delayed gastric emptying in the absence of mechanical obstruction. The condition is common. There are multiple risk factors. Significant symptoms are common and difficult to treat with a high morbidity and impact on quality of life. Ye *et al* (*GUT* 2020, <http://dx.doi.org/10.1136/gutjnl-2020-321277>) in a retrospective, cross-sectional study report data on prevalence, patient characteristics and outcome using the UK Clinical Practice Research Datalink (CPRD database). Standardised prevalence was 13.8 per 100 000

with an increase in incidence from 2004 to 2016 from 1.5 to 1.9 per 100 000 person years. The most common aetiologies were idiopathic (39.4%), diabetes (37.5%, types 1 and 2) and drug-induced (19.6%, opioid, calcium channel blockers, anticholinergic agents). About 68.4% received at least one drug treatment including domperidone (46.6%), metoclopramide (22.9%) and erythromycin (6.2%). Patients with diabetic gastroparesis had a significantly higher risk of mortality than those with idiopathic gastroparesis after diagnosis (adjusted HR 1.9, 95% CI 1.2 to 3.0).

Budesonide orodispersible tablets maintain remission in a randomised, placebo-controlled trial of patients with eosinophilic esophagitis

There has been a significant increase in the incidence and prevalence of eosinophilic oesophagitis over the last 20 years, which is now a common cause of oesophageal dysphagia and food bolus obstruction. Established treatments include swallowed topical steroids. Straumann *et al* (*Gastroenterology* 2020, <https://doi.org/10.1053/j.gastro.2020.07.039>) report a double-blind placebo controlled RCT using budesonide orodispersible tablets (BOT, Dr Falk Pharma). A total of 204 patients from 29 sites were studied. All patients were in clinical and histological remission at the start of the study. Maintenance of remission was defined as absence of clinical and histological relapse at 48 weeks and no premature withdrawal for any reason. There were three groups—0.5 mg two times per day, 1 mg two times per day and placebo. Endoscopy was performed at the start and end of treatment. About 73.5% of patients receiving BOT 0.5 mg two times per day, 75% receiving BOT 1 mg two times per day were in persistent remission, compared with 4.4% of patients in the placebo group ($p<0.001$ for both comparisons of BOT with placebo). Candida (clinical) was seen in both treatment arms and resolved with treatment. No other clinically significant toxicity was seen. Budesonide orodispersible tablets appear safe and effective as maintenance therapy in eosinophilic oesophagitis.

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