

The clinical and economic value of a short course of omeprazole in patients with noncardiac chest pain.

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Alimentary Tract

The clinical and economic value of a short course of omeprazole in patients with noncardiac chest pain $\hat{a}\sim\ddagger$ $\hat{a}\sim\ddagger$ $\hat{a}\sim\ddagger$

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Abstract

Background & Aims: Evaluation of new patients with noncardiac chest pain (NCCP) may require a variety of costly tests. The aim of this study was to evaluate the efficacy of the omeprazole test (OT) in diagnosing gastroesophageal reflux (GERD) in patients with NCCP and estimate the potential cost savings of this strategy compared with conventional diagnostic evaluations. **Methods:** Thirty-nine patients referred by cardiologists were enrolled. Baseline symptoms were recorded, and the patients were randomized to either placebo or omeprazole (40 mg AM and 20 mg PM) groups for 7 days. Patients were crossed over to the other arm after a washout period and repeat

baseline symptom assessment. All patients underwent 24-hour esophageal pH monitoring and upper endoscopy before randomization. **Results:** Thirty-seven patients (94.9%) completed the study. Twenty-three (62.2%) were classified as GERD positive and 14 as GERD negative. Eighteen (78%) GERD-positive patients and 2 (14%) GERD-negative patients had a positive OT ($P < 0.01$), yielding a sensitivity of 78.3% (95% confidence interval, 61.4–95.1) and specificity of 85.7% (95% confidence interval, 67.4–100). Economic analysis showed that the OT saves \$573 per average patient evaluated and results in a 59% reduction in the number of diagnostic procedures.

Conclusions: The OT is sensitive and specific for diagnosing GERD in patients with NCCP. This strategy results in significant cost savings and decreased use of diagnostic tests.

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Abbreviations

GERD , gastroesophageal reflux disease; NCCP , noncardiac chest pain; OT , omeprazole test; ROC , receiver operating curve

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