

Clinician Perspectives on the use of Rabeprazole in the Management of Gastroesophageal reflux disease in Indian Settings

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ABSTRACT

Objective: To assess expert perspectives on the use of rabeprazole in the management of gastroesophageal reflux disease (GERD) in routine clinical practice in Indian settings.

Methodology: This cross-sectional study included clinicians involved in the management of GERD across various clinical settings in India, and a 23-item, multiple-response questionnaire was distributed to gather expert opinion on current treatment practices, clinical observations, and experiences related to the use of rabeprazole in routine clinical settings for the management of GERD. Data were analysed by using descriptive statistics.

Results: Out of 403 clinical experts, nearly 89% of them preferred using proton pump inhibitors (PPIs) for managing GERD. Approximately 47% of clinicians reported 24-hour intraluminal pH monitoring as the investigation of choice for GERD, while 44% responded that endoscopy was the investigation of choice. A significant majority (88.34%) favoured rabeprazole for its longer action in alleviating nighttime heartburn. About 52% of the experts indicated that rabeprazole offers better efficacy due to its pharmacological benefits, such as not increasing somatostatin levels, maintaining baseline motilin levels, and not delaying gastric emptying. Nearly 46% of respondents preferred an 8-week course of rabeprazole therapy for GERD. Furthermore, a vast majority (92.31%) of clinicians reported no adverse drug reactions with rabeprazole in their clinical practice.

Conclusion: The current survey highlights a strong preference among Indian clinicians for rabeprazole in the management of GERD. Most clinicians reported positive outcomes, particularly in controlling nighttime heartburn and providing overall symptom relief. Additionally, rabeprazole demonstrated good tolerability and minimal adverse reactions. These findings emphasise the effectiveness and acceptability of rabeprazole in clinical practice for the management of GERD.

Keywords: Gastroesophageal reflux disease, Rabeprazole, Heartburn, Proton pump inhibitors.

Introduction

Gastroesophageal reflux disease (GERD) is one of the most prevalent gastrointestinal disorders globally and continues to impose a substantial clinical and public health burden. In 2021, an estimated 825.60 million cases were reported worldwide, corresponding to an age-standardized prevalence rate of 9,838.60 per 100,000 population and 6.34 million disability-adjusted life years, with projections suggesting that prevalence may exceed 1.2 billion cases by 2050.¹

Although the overall incidence in Asia is comparatively lower than in Western regions, significant regional variations exist, with India demonstrating a notably higher prevalence.² In India, the reported prevalence of GERD ranges from approximately 7.6% to 30%, with higher rates observed in urban populations, likely driven by dietary habits, obesity, sedentary lifestyle, and increasing stress-related factors. Even with its high prevalence, GERD often remains underdiagnosed and undertreated, highlighting the need for improved awareness, early identification, and standardised management in Indian clinical practice. The rising burden of disease has led to greater clinical focus on effective and sustained symptom control.^{3,4} GERD significantly impairs quality of life due to persistent heartburn, regurgitation, sleep disturbance, and extra-esophageal esophageal manifestations. Night-time symptoms, in particular, remain a major therapeutic challenge and are closely associated with impaired daily functioning and reduced patient well-

being.^{5,6} Effective management therefore requires therapies that provide rapid, sustained acid suppression and consistent symptom relief, particularly during nocturnal periods.⁷

Pharmacological therapy forms the mainstay of GERD management. Proton pump inhibitors (PPIs) are considered the cornerstone of GERD management due to their superior acid suppression and symptom relief compared with other pharmacological classes.⁷ However, variations exist among PPIs in terms of onset of action, duration of acid suppression, pharmacodynamic stability, and tolerability profiles.⁸ These differences influence treatment preferences in routine clinical practice.

Rabeprazole, a second-generation PPI, covalently binds to and inactivates the gastric parietal cell proton pump (H⁺/K⁺-ATPase). This mechanism effectively inhibits gastric acid secretion, making rabeprazole a potent treatment for gastrointestinal ulcers and GERD.⁹ Rabeprazole, a widely used PPI, has been recognised for its rapid onset of action, sustained intragastric pH control, and favourable safety profile. It also demonstrates stable pharmacokinetics, with an oral bioavailability of approximately 52% that remains consistent irrespective of food or antacid intake. Its pharmacological properties may offer advantages in managing nighttime symptoms and improving overall patient outcomes.^{9,10}

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Despite its widespread use, evidence on clinicians' perspectives regarding the positioning, duration of therapy, safety, and perceived effectiveness of rabeprazole in Indian settings remains limited. The present survey aimed to assess expert perspectives on the clinical utilisation of rabeprazole in GERD management, including treatment patterns and perceived efficacy in routine practice.

Methodology

We carried out a cross-sectional study among clinical specialists in the management of GERD across various clinical settings in India from June 2025 to December 2025. The study was conducted in accordance with Bangalore Ethics, an Independent Ethics Committee, which was recognised by the Indian Regulatory Authority, the Drug Controller General of India.

An invitation was sent to leading clinicians in managing GERD in the month of March 2025 for participation in this Indian survey. About 361 clinicians from major cities of all Indian states, representing the geographical distribution, shared their willingness to participate and provide necessary data. The questionnaire booklet titled NEUTRA (Indian Expert Perspective on usage of the Rabeprazole in GERD) was sent to clinical experts who were interested in participating in this study. The questionnaire comprised 23 items, focusing on the clinical burden of GERD, treatment patterns with PPIs, clinical preference for rabeprazole across different GERD presentations, assessment of symptom improvement in routine practice, and safety experiences reported by clinicians.

Clinicians had the option to skip any questions they preferred not to answer. They were instructed to complete the survey independently, without consulting their colleagues. Written informed consent was obtained from all participants before the study commenced.

Statistical analysis

Data were analysed using descriptive statistical methods. Categorical variables were presented as frequencies and percentages to describe response distributions. The occurrence and relative proportions of each response category were calculated. Graphical representations were generated to visually depict response patterns using Microsoft Excel (version 16.0.18025.20030).

Results

The survey included 403 clinicians. Approximately 33% of respondents reported obesity as the most common predisposing factor for GERD. About 36% of clinicians identified dysphagia as the most commonly recognised alarm symptom suggestive of serious GERD complications, while 31% opined that nighttime heartburn and disturbed sleep are alarming symptoms. Nearly 79% of respondents reported epigastric tenderness as the most common physical finding in patients with GERD. Approximately 89% of clinicians preferred PPIs for the management of GERD (Fig. 1).

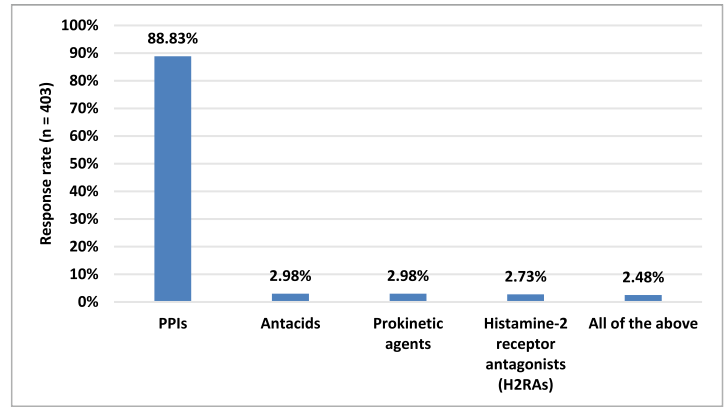


Fig. 1: Distribution of responses on the preferred drug class for GERD management

Around 46% of participants reported prescribing PPIs 30–60 minutes before the first meal of the day, while 37% preferred administration one hour before meals. About 44% of respondents estimated that 21–30% of diabetic patients are at risk of developing gastroparesis. Nearly 62% of clinicians identified abdominal or oesophageal surgery as the most common non-diabetic risk factor for gastroparesis. Among patients with functional dyspepsia and gastroparesis, 56% of respondents reported levosulpiride, in combination with a PPI, as the preferred prokinetic agent. Approximately 36% of clinicians recommended adjustable gastric banding as the preferred surgical approach in obese patients with GERD. More than half (54.09%) of respondents reported that 21–30% of patients respond well to GERD treatment.

Nearly 44% of clinicians reported that adverse gastrointestinal effects with NSAID use occur in 41–60% of patients. A significant proportion (66.25%) of respondents identified nighttime heartburn as the GERD symptom with the greatest negative impact on patient quality of life. Almost 44% of participants reported that 21–30% of GERD patients complain of disturbed sleep. According to 47% of clinicians, 24-hour intraluminal pH monitoring is the investigation of choice for GERD, while 44% reported endoscopy as the investigation of choice (Table 1).

Table 1: Distribution of responses to the investigation of choice for GERD diagnosis

Investigations	Response rate (n = 403)
24 hr intraluminal pH monitoring	46.9%
Manometry	5.96%
Endoscopy	44.42%
All of the above	2.73%

Nearly 41% of respondents estimated that 21–30% of patients with GERD complain of abdominal pain, mucus in stools, and difficulty in passing stools, suggestive of IBS-like symptoms. About 41% of clinicians identified a lack of patient education as the leading factor associated with medication non-adherence. The majority (88.34%) of respondents preferred rabeprazole for its longer action in nighttime heartburn (Fig. 2). Around 52% of experts reported that rabeprazole provides better efficacy due to its pharmacological advantages, including not increasing somatostatin levels, maintaining baseline motilin levels, and not delaying gastric emptying (Table 2). Nearly 49% of participants regarded rabeprazole as superior to other PPIs due to its benefits, including a faster onset of action, sustained intragastric pH control, and reduction in nighttime heartburn.

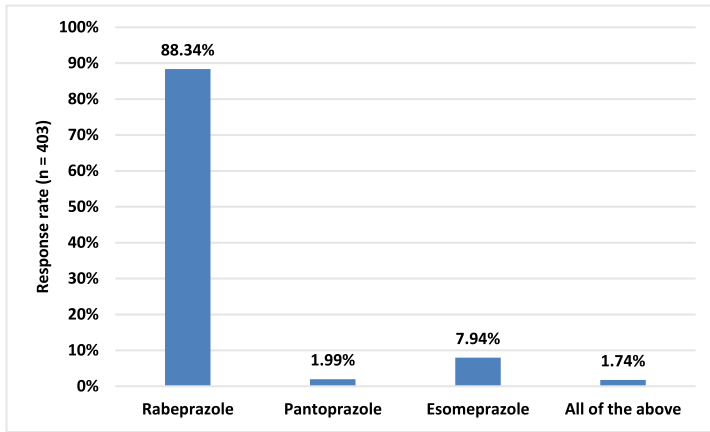


Fig. 2: Distribution of responses to the preferred proton pump inhibitor for night-time heartburn in GERD

Table 2: Distribution of responses on perceived reasons for better efficacy of rabeprazole

Reasons	Response rate (n = 403)
Does not increase in somatostatin level	32.01%
Maintains baseline motilin level	16.38%
Does not cause a delay in gastric emptying	0%
All of the above	51.61%

More than half (55.09%) of clinicians estimated that non-erosive reflux disease constitutes 11–20% of the overall GERD population. Approximately 46% of respondents preferred an 8-week duration of rabeprazole therapy for GERD management, while 35% of them preferred 12 weeks (Fig. 3). A majority (92.31%) of the clinicians reported not receiving any adverse drug reactions with rabeprazole in their clinical practice (Fig. 4). On the global improvement scale, 52% of clinicians reported marked improvement with rabeprazole therapy, and 35% of them reported moderate improvement, with no reports of worsening.

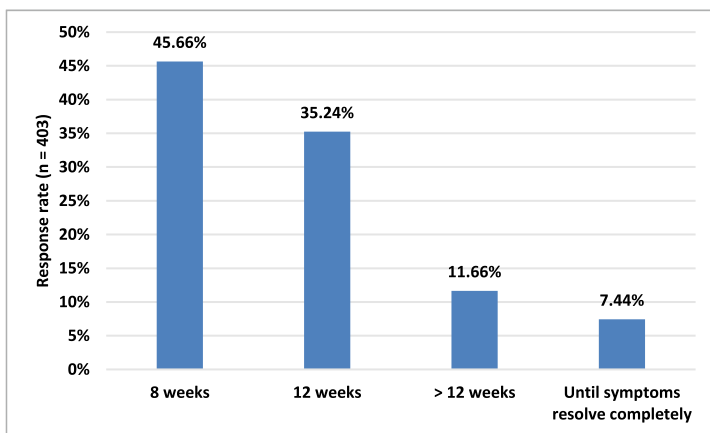


Fig. 3: Distribution of responses on preferred duration of rabeprazole therapy in GERD patients

Discussion

The present survey highlights that rabeprazole is highly effective in relieving GERD symptoms. The majority of experts in the current survey preferred PPIs for the management of GERD. This finding is consistent with the consensus guidelines for GERD issued by the Association of Physicians of India (API) and the Indian Society of Gastroenterology (ISG), which recommend empiric therapy with PPIs as the primary pharmacological approach for patients presenting with classical reflux symptoms.¹¹ PPIs remain the cornerstone of GERD therapy because of their superior ability to suppress gastric acid secretion and provide sustained symptom relief compared with other pharmacological agents.

A previous similar survey conducted by the current authors also reported that most clinicians favoured PPIs as the first-line treatment for GERD.¹² Similarly, Hojo et al. reported that PPIs are the most commonly prescribed therapeutic agents for the management of GERD across Asian countries.¹³ These observations reinforce the central role of PPIs in routine clinical practice and support their widespread acceptance as the preferred therapeutic option for effective symptom control in patients with GERD.

In the present survey, clinicians reported 24-hour intraluminal pH monitoring and endoscopy as the preferred investigations for the evaluation of GERD. Among these diagnostic modalities, ambulatory oesophageal pH monitoring plays a crucial role in confirming pathological acid reflux and assessing the relationship between reflux episodes and patient symptoms. Bollschweiler et al. reported that ambulatory oesophageal pH monitoring is considered the gold standard for detecting pathological acid reflux, as it enables direct quantification of oesophageal acid exposure and correlation of reflux events with symptom episodes.¹⁴ Upper gastrointestinal endoscopy is another widely utilised diagnostic tool in clinical practice. Madan et al. stated that endoscopy remains commonly used for the evaluation of GERD, particularly for identifying mucosal injury, erosive esophagitis, Barrett's oesophagus, and other disease-related complications. However, it is important to note that a substantial proportion of patients with reflux symptoms may demonstrate normal endoscopic findings, a condition often referred to as non-erosive reflux disease.¹⁵ As per the findings of the current survey, rabeprazole is widely preferred by clinicians for its longer action in controlling nighttime heartburn. Nighttime reflux symptoms are clinically significant, as they are often associated with greater oesophageal acid exposure, sleep disturbances, and impaired quality of life in patients with GERD. The ability of a PPI to provide sustained acid suppression during the night is therefore an important consideration in therapeutic selection. In line with the present findings, Lawate et al. reported a significant reduction in heartburn severity following rabeprazole therapy, with the mean heartburn score decreasing from 2.46 ± 0.67 at baseline to 0.16 ± 0.39 at study completion ($P < 0.0001$), highlighting its effectiveness in GERD management, particularly in controlling nighttime symptoms.¹⁶ Further supporting these observations, the POWER GERD study demonstrated that rabeprazole provided rapid and sustained relief from both daytime and nighttime GERD symptoms in patients with moderate to severe disease.¹⁷ In addition, Miner et al. showed that rabeprazole significantly improved both nighttime and daytime heartburn and other reflux-related symptoms compared with placebo.¹⁸ These findings underscore the clinical utility of rabeprazole in achieving effective and sustained symptom control in patients with GERD.

The current survey results showed that rabeprazole provides better efficacy due to its pharmacological advantages, which include not increasing somatostatin levels, maintaining baseline motilin levels, and not delaying gastric emptying. Katagiri et al., in a pharmacodynamic study evaluating gastrointestinal hormones, rabeprazole demonstrated limited effects on peptides such as somatostatin and motilin, suggesting preservation of physiological gastrointestinal motility mechanisms.¹⁹ Similarly, clinical studies evaluating gastric physiology have reported that rabeprazole does not significantly affect gastric emptying or gastric volume in healthy individuals, supporting its favourable pharmacological profile in patients with GERD.²⁰

Kinoshita et al. reported that administration of rabeprazole 20 mg twice daily in healthy participants did not significantly affect gastric emptying. However, it did reduce symptoms and had a borderline effect on gastric volume after meals.²¹

The majority of respondents in the present survey preferred an 8-week duration of rabeprazole therapy for GERD management, while some clinicians favoured extending treatment to 12 weeks. These findings are consistent with clinical evidence indicating that rabeprazole therapy for up to 8 weeks is effective in achieving symptom relief and healing of reflux esophagitis.²² Several studies have demonstrated significant improvement in GERD symptoms following 8 weeks of rabeprazole therapy, supporting its role as a standard treatment duration.^{22,23} In addition, the Indian Society of Gastroenterology guidelines recommend standard-dose PPI therapy for up to 8 weeks for the management of GERD, with longer treatment durations considered in patients with persistent symptoms or complicated disease.²⁴

Participants in the present survey reported not encountering adverse drug reactions with rabeprazole in their clinical practice. Similar findings were reported by Bari et al., who evaluated rabeprazole therapy in patients with GERD and observed no serious adverse events during treatment, highlighting its favourable safety profile.²⁵ Jain et al. also demonstrated the safety and tolerability of rabeprazole in a large population of patients with acid-related disorders.²⁶ Gupta et al. further reported that rabeprazole has a favourable safety profile and minimal drug interactions, largely due to its non-enzymatic metabolism and stable pharmacokinetics, which contribute to its good tolerability in clinical use.⁹

The key strength of this survey is the relatively large sample size of 403 clinicians from diverse clinical settings across India. The structured questionnaire, comprising 23 items, enabled a comprehensive assessment of multiple aspects of GERD management. Additionally, the use of standardised multiple-response questions facilitated systematic data collection and allowed the evaluation of response distributions reflecting routine clinical decision-making. However, certain limitations should be acknowledged. As a cross-sectional survey based on clinician opinion, the findings represent perceived clinical experiences rather than objectively measured patient outcomes. The reliance on self-reported responses may introduce recall bias or subjective interpretation. Furthermore, the analysis was limited to descriptive statistics, which restricts the ability to establish associations between variables. Participation in the survey was voluntary and may therefore be subject to selection bias. Moreover, the absence of patient-level clinical data or direct outcome measurements limits the ability to independently verify the reported effectiveness and safety of rabeprazole in GERD management.

Conclusion

The survey demonstrates that clinicians across India commonly recognize lifestyle factors, dietary habits, and stress as important contributors to GERD and consider PPIs, particularly rabeprazole, as a key component of management. The findings indicate that rabeprazole is widely preferred in clinical practice due to its perceived effectiveness in symptom relief, rapid onset of action, and favourable safety profile. Clinicians also emphasise the importance of individualized treatment strategies, including lifestyle modification and appropriate pharmacological therapy, for optimal disease control.

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Conflict of interest

None declared

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