

capsules were placed in the esophagus of each individual—one directly above the SCJ and the other 6 cm above the SCJ. The number of patients correctly diagnosed with GERD was significantly increased by use of the data from the pH electrode that was placed directly above the SCJ, compared with use of data from the electrode placed in the standard position. The sensitivity of the test was improved from 63% to 86% in all individuals, and from 78% to 97% in those with erosive esophagitis and from 47% to 73% in those without esophagitis.

“These findings may directly influence the clinical management of patients with symptoms suggestive of GERD...especially...patients who present with nonerosive disease, where the diagnostic accuracy of pH monitoring using standard electrode placement is clearly unsatisfactory,” the authors conclude.

Original article Wenner J *et al.* (2008) Wireless pH recording immediately above the squamocolumnar junction improves the diagnostic performance of esophageal pH studies. *Am J Gastroenterol* **103**: 2977–2985

Adalimumab maintenance therapy improves quality of life in patients with Crohn’s disease

Loftus *et al.* conducted a questionnaire-based study that involved a self-assessment of health-related quality of life in patients with moderate-to-severe Crohn’s disease who were enrolled in a phase III, randomized, placebo-controlled trial: CHARM. This trial demonstrated the safety and efficacy of the anti-TNF monoclonal antibody, adalimumab, for Crohn’s disease maintenance therapy. Of the 778 patients who completed a 4-week induction with adalimumab, 499 individuals who responded were randomly allocated to placebo, or weekly or fortnightly adalimumab maintenance therapy. Loftus *et al.* found that by week 4, the average depression score improved from reflecting mild depression at baseline to the normal range, fatigue decreased by a clinically meaningful margin, and general quality of life improved significantly in both its physical and mental components for all three groups. After week 4, however, improvements started to ebb in the placebo group, whereas sustained improvements were observed in the two maintenance-therapy groups. The fortnightly group displayed significant

improvements compared with the placebo group at all three postinduction assessments, at weeks 12, 26, and 56.

Depression rates among patients with Crohn’s disease and ulcerative colitis are estimated to be three times those of the general population, and baseline fatigue scores in the CHARM cohort were similar to those of patients with cancer-related anemia. These factors underline the importance of maintenance therapy that can improve the quality of life of patients with Crohn’s disease.

Original article Loftus MP *et al.* (2008) Effects of adalimumab maintenance therapy on health-related quality of life of patients with Crohn’s disease: patient-reported outcomes of the CHARM trial. *Am J Gastroenterol* **103**: 3132–3141

Similar risk of lower gastrointestinal events with etoricoxib and diclofenac

The association between NSAIDs and upper gastrointestinal events, such as perforation, ulceration and bleeding, is well known. By comparison, cyclo-oxygenase 2 (COX2)-selective inhibitors confer significantly decreased risk of these events. However, data were lacking on the effects of either of these types of drugs on the lower gastrointestinal tract. In a large, international, prospective trial, Laine and colleagues have now shown that the COX2 inhibitor, etoricoxib, does not significantly reduce the risk of lower gastrointestinal events compared with the NSAID, diclofenac.

Laine and colleagues recruited 34,701 patients ≥ 50 years of age with osteoarthritis or rheumatoid arthritis who were subsequently randomly allocated to etoricoxib (60 mg [first 4333 patients enrolled] or 90 mg daily) or diclofenac (150 mg daily). Mean duration of therapy was 18 months. Rates of lower gastrointestinal events were similar for the etoricoxib and diclofenac groups: 0.32 and 0.38 events per 100 patient-years, respectively (hazard ratio=0.84, 95% CI 0.63–1.13). The most common lower gastrointestinal event was bleeding (0.19 and 0.23 events per 100 patient-years for the etoricoxib and diclofenac groups, respectively). Multivariate analysis revealed that age ≥ 65 years and a previous lower gastrointestinal event were both significant risk factors for a lower gastrointestinal event: