with adherent clots remains controversial. Kahi and colleagues performed an individual patient-level analysis of published studies comparing endoscopic therapy plus medical therapy with medical therapy alone in cases of peptic ulcers with adherent clots.

Overall, 50 studies were identified, of which six (four peer-reviewed publications and two abstracts) including 240 patients fitted all criteria for the analysis. The mean length of hospitalization (6.8 versus 5.6 days), need for transfusion (3.0 versus 2.8 units packed red blood cells) and mortality rates (9.8% versus 7.0%) were similar between the patients who underwent endoscopic treatment and those who underwent medical treatment alone, respectively; however, the risk of rebleeding was lower in the endoscopic-treatment group compared with the medical-therapy group (8.2% versus 24.7%, respectively; $P=0.01$). Patients in the endoscopy group were also less likely to undergo surgery, although this finding was not present among the four peer-reviewed (fully published) trials.

Patients with peptic ulcers with adherent clots are at lower risk of rebleeding following endoscopic therapy combined with medical therapy than medical therapy alone. Both interventions, however, give similar results with regard to mortality rates, need for surgery, duration of hospitalization, and transfusion requirements.

Carol Lovegrove

Original article Kahi CJ *et al.* (2005) Endoscopic therapy versus medical therapy for bleeding peptic ulcer with adherent clot. *Gastroenterology* **129:** 855–862

Ursodeoxycholic acid for treatment of intrahepatic cholestasis of pregnancy

The optimal treatment of intrahepatic cholestasis of pregnancy (ICP)—a condition characterized by maternal pruritus that is associated with premature delivery, stillbirth and fetal distress—remains to be established. Ursodeoxycholic acid (UDCA) has been suggested as a treatment option for such patients; however, studies to date have been conflicting and there has been a lack of large, randomized trials. Kondrackiene and colleagues conducted a trial comparing the efficacy and safety of UDCA with cholestyramine in 84 women with symptomatic ICP at between 25 and 39 weeks of gestation.

Patients were randomized 1:1 to receive 14 days of treatment with either UDCA or cholestyramine. Results showed UDCA to be more effective in relieving pruritus than cholestyramine, with 67% of patients in the UDCA group achieving a reduction in pruritus score of >50%, compared with only 19% in the cholestyramine group. Patients in the UDCA group recorded significantly lower pruritus scores at 7 and 14 days of treatment than those receiving cholestyramine. Birthweights did not differ significantly between the groups and there were no stillbirths; however, patients delivered significantly closer to term in the UDCA group compared with the cholestyramine group. In addition, adverse events were experienced by 12 patients in the cholestyramine group and none in the UDCA group.

The authors conclude that UDCA is safer and more effective than cholestyramine as first-line therapy for ICP.

Katy Cherry

Original article Kondrackiene J *et al.* (2005) Efficacy and safety of ursodeoxycholic acid versus cholestyramine in intrahepatic cholestasis of pregnancy. *Gastroenterology* **129:** 894–901

Esomeprazole for nocturnal heartburn and GERD-associated sleep disturbance

Sleep disturbances are commonly experienced by individuals who suffer from heartburn and other symptoms of gastroesophageal reflux disease (GERD), and have been associated with a loss of work productivity. There is a lack of studies addressing the efficacy of proton-pump-inhibitor treatment for nocturnal heartburn and GERD-related sleep disorders; therefore, Johnson and colleagues have carried out a randomized, multicenter, placebo-controlled trial to assess the efficacy of esomeprazole in treating such patients.

Patients were screened for 7–14 days, and those who experienced both GERD-associated sleep disturbances and moderate to severe nocturnal heartburn on ≥3 of the last 7 days of screening were randomized to receive esomeprazole 40 mg ($n=220$), esomeprazole 20 mg ($n=226$) or placebo ($n=229$) daily for 4 weeks. Diary cards were used to record heartburn symptom severity and the presence or absence of GERD-associated sleep disturbance.