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RANITIDINE DELAYS GASTRIC EMPTYING OF SOLIDS IN MAN

In preliminary studies we investigated the effect of a series of histamine H₂-receptor antagonists (Domschke & Domschke, 1980; Bertaccini & Dobrilla, 1980) on gastric emptying of the conscious rat. Burimamide, metiamide, cimetidine, oxmetidine and tiotidine, given intraperitoneally, were found to be inactive at doses capable of inhibiting gastric secretion but to cause a significant delay at much greater doses (10 times as high as the antisecretory) dose). Conversely, one of the newest members of the family, ranitidine, accelerated gastric emptying when given both at antisecretory and at higher doses (2 and 20 mg kg⁻¹). The enormous practical interest of this compound as an antiulcer drug prompted us to test it for its effect on gastric emptying also in man. Cimetidine, the most widely employed antiulcer drug, was used in the same subjects as a reference compound.

Seven healthy volunteers underwent separate studies on three different days. Ranitidine (50 mg), cimetidine (300 mg) or saline (control studies) were given intravenously 5 min prior to administration of the meal. The order of these studies was randomized. Gastric emptying was studied as described in a previous paper (Scarpignato *et al.*, 1981) using a labelled (99m Tc sulphur colloid) meal and recording continuously the radioactivity remaining in the stomach through a movable scintillation detector.

Results, expressed as emptying half-time $(T_{1/2})$, are shown in Figure 1. In our experimental conditions healthy subjects had an emptying half-time which ranged between 50 and 90 min. It is evident from Figure 1 that acute administration of ranitidine signi-



Figure 1 Comparison of gastric emptying rates of solids after (a) ranitidine or (b) cimetidine injection. The lines join the rates observed with saline and the H_2 -receptor blockers for each subject.

ficantly delayed gastric emptying of solids (T_{V_2} from 64.8 ± 4.6 min to 114.2 ± 13.4 min, P < 0.02). Conversely, cimetidine was found to be completely ineffective ($T_{V_2} = 63.1 \pm 4.9$ min) in full accordance with the data of the literature (for review see Bertaccini *et al.*, 1980).

The delay in gastric emptying induced by ranitidine is difficult to explain. It cannot be related to an anticholinergic activity since it was demonstrated that this H_2 -receptor blocker is devoid of such an effect

The action of ranitidine seems to be independent of H₂-receptor blockade (with consequent inhibition of gastric secretion) as shown by the inactivity of cimetidine. The same data allowed us to exclude effects related to changes in intraduodenal pH (Cooke, 1975). However an influence of changes in plasma gastrin levels cannot be excluded on the basis of our experiments. Thus a non-specific effect of the molecule rather than an effect connected with the H₂-receptor blockade must be hypothesized. Species differences may be responsible for the opposite effect observed in man (delay of gastric emptying) and in rat (acceleration of gastric emptying). The different route of administration with possible changes in bioavailability must be considered. Moreover, Parsons (personal communication) observed poor, irregular absorption of H₂-antagonists after intraperitoneal administration in the rat. However, the differences in the activity of the various H2-receptor blockers

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observed both in rat and in man are consistent with the idea that H_2 -receptors are not involved in the control of gastric emptying, at least in these two species.

The effect of ranitidine was observed after intravenous injection with consequent high blood levels of the compound; if the effect on gastric emptying is confirmed also after repeated oral administrations, ranitidine could represent a useful agent for the treatment of ulcer patients with deranged (increased) gastric motility. However, according to the only preliminary report on this topic (Mignon *et al.*, 1980), single oral administration of ranitidine does not change gastric emptying rate in man.

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SIX MONTHS EXPERIENCE OF NEW PROCEDURES AFFECTING THE CONDUCT OF CLINICAL TRIALS IN THE UNITED KINGDOM

Details of the new procedures affecting clinical trials in the United Kingdom have been given previously (Griffin & Long, 1981; Griffin & Diggle, 1981). In a recent editorial in this journal by Binns (1981) interest was expressed in the effect such changes would have on the testing of new chemical entities (NCE) in the United Kingdom in the light of earlier statements that an overwhelming majority of early clinical trials of drug molecules originating within the British Pharmaceutical Industry were being conducted overseas (Cromie, 1980).

In Table 1 are shown details of the one hundred and