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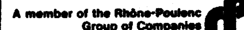

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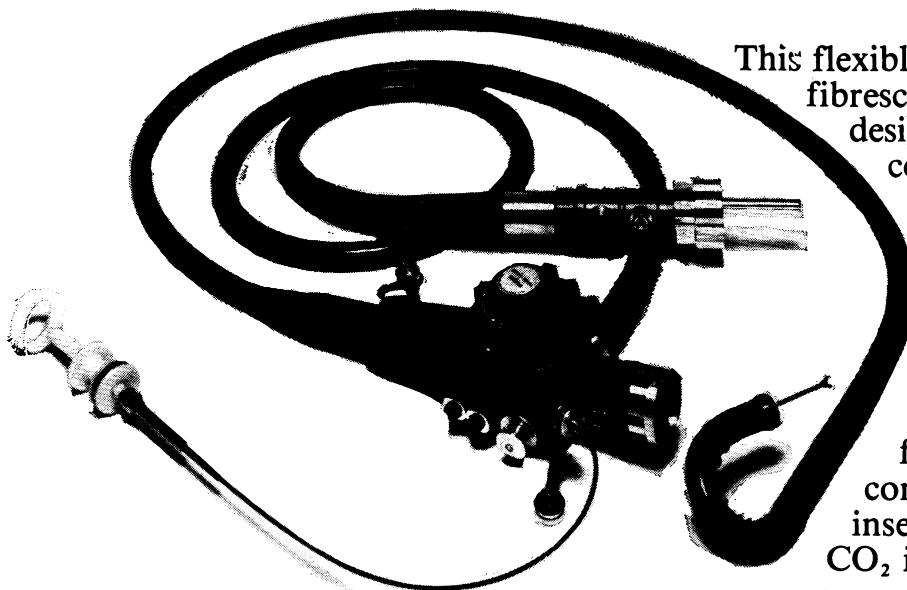

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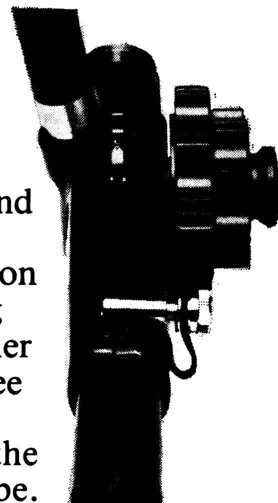

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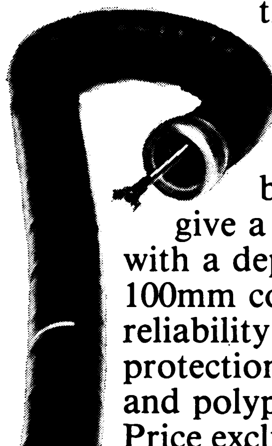

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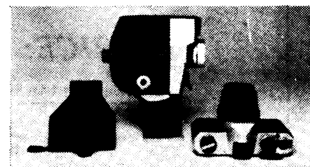

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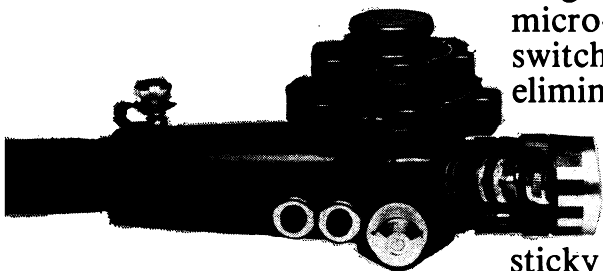

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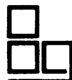

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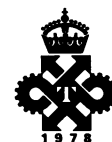

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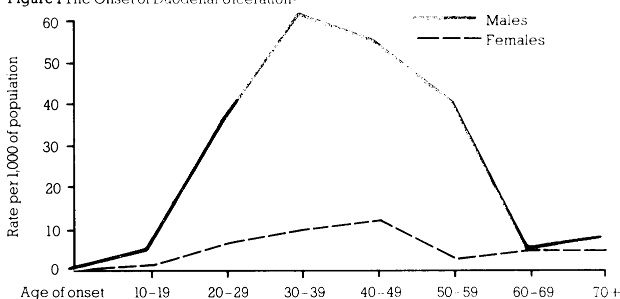
This can only be answered when the natural history of duodenal ulcer disease is fully understood. Some aspects of the natural history of the disease, however, have been well recognised for some years.

It is a naturally relapsing condition; in fact, it has been estimated that 75-80% of patients have at least one recurrence within 5 years of the initial episode,[7] some relapsing several times in one year.

The onset of duodenal ulceration is related to age, as shown in Figure 1. The initial episode is most likely in the 30-39 age group for males and slightly later in life for females.

Figure 1 The Onset of Duodenal Ulceration[6]

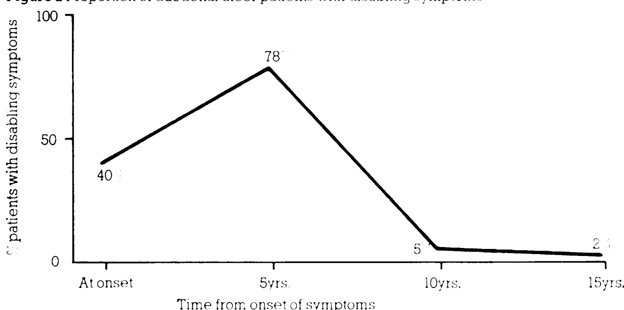


Of greater interest is the natural development of the disease following its onset. Figure 2 demonstrates how the disease tends to 'burn itself out' after a certain period of time.[8] In a group of duodenal ulcer patients who were followed for 15 years, the symptoms tended to peak in severity after 5 years and then progressively remit until at 10 years no more than 5% of patients had severe symptoms.

This finding has been recently substantiated by workers in Denmark who found in a retrospective study that the disease is present for a finite time.[9]

The workers concluded '... most patients with duodenal ulceration will need only intermittent or continuous cimetidine treatment for a limited period.'

Figure 2 Proportion of duodenal ulcer patients with disabling symptoms[8]



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Presentations
'Tagamet' Tablets PL0002/0063 each containing 200mg cimetidine. 100, £13.22; 500, £64.75.
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Indication
Duodenal ulcer.

Dosage
Adults: 200mg tds with meals and 400mg at bedtime (1.0g/day) for at least 4 weeks (for full instructions see Data Sheet).
To prevent relapse. 400mg at bedtime or 400mg morning and evening for at least 6 months.

Cautions
Impaired renal function: reduce dosage (see Data Sheet).
Potentiation of oral anticoagulants (see Data Sheet).
Prolonged treatment: observe patients periodically.
Avoid during pregnancy and lactation.

Adverse reactions
Diarrhoea, dizziness, rash, tiredness. Rarely, mild gynaecomastia, reversible liver damage, confusional states (usually in the elderly or very ill), interstitial nephritis.

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9. Long-term prognosis of duodenal ulcer: follow-up study and survey of doctors' estimates. (1977) Brit. med. J., **2**, 1572.

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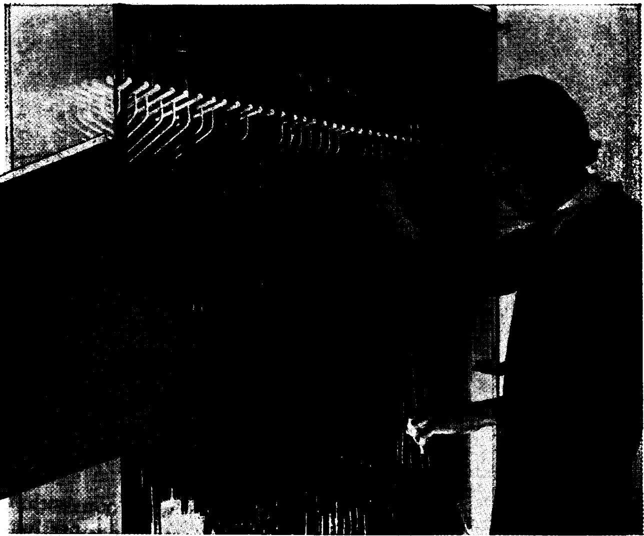

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Morgan AG et al (1978) *BMJ*, **2**, 1323-1326

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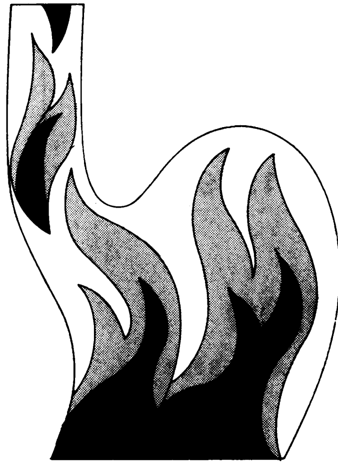

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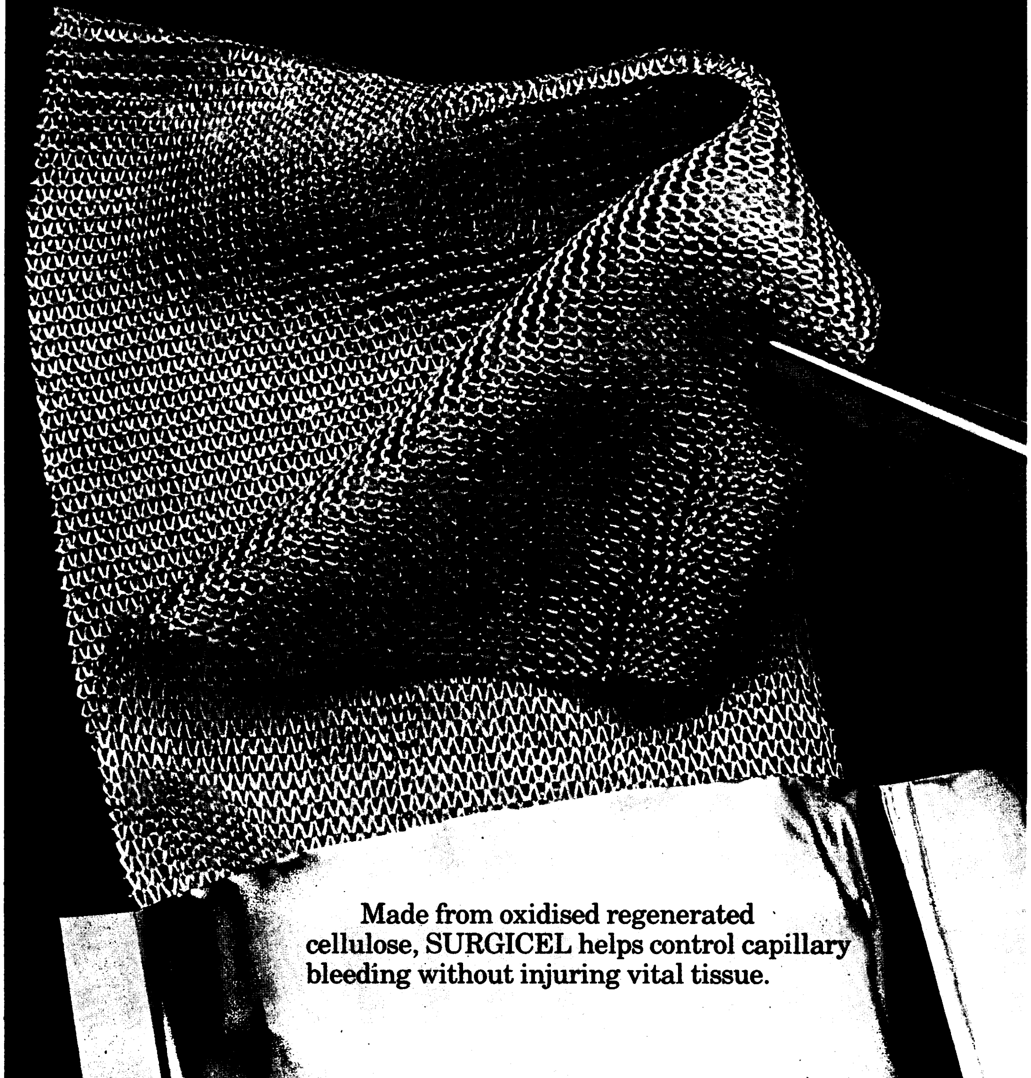

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