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Anti-Anxiety Medication Mediates Gastric Ulcer Healing

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ABSTRACT

This case report explores the intriguing interplay between the mind and gut, detailing the unexpected yet successful use of anti-anxiety medication in promoting gastric ulcer healing in a young woman. It underscores the importance of considering psychological factors and holistic therapeutic approaches in managing gastrointestinal disorders.

INTRODUCTION

The intricate relationship between psychological factors and gastrointestinal health has long been recognized, and in recent years, the bidirectional interplay between gastric ulcers and anxiety has emerged as a captivating area of investigation. Gastric ulcers, characterized by mucosal damage in the stomach lining, represent a significant clinical challenge with multifaceted etiologies. Concurrently, anxiety, a prevalent mental health disorder, has been implicated in influencing the onset, severity, and recurrence of various gastrointestinal conditions. This article aims to provide a comprehensive review of the complex interrelationship between gastric ulcers and anxiety, shedding light on the mechanisms that underlie their intricate connection (1-4).

Gastric ulcers, traditionally attributed to *Helicobacter pylori* infection and nonsteroidal anti-inflammatory drug use, are increasingly recognized as conditions influenced by the delicate balance between mucosal defense mechanisms and aggressive factors. Anxiety, on the other hand, is characterized by a range of emotional and physiological responses that can profoundly impact gastrointestinal function, including gastric motility, acid secretion, and mucosal integrity. Understanding the dynamic interplay between these seemingly disparate entities is crucial for both accurate diagnosis and effective management (5-9).

Throughout this review, we will explore the epidemiological links between gastric ulcers and anxiety, elucidate the potential

biological pathways that mediate their connection, and discuss the clinical implications of this bidirectional relationship. Additionally, we will examine the impact of anxiety on the course of gastric ulcer disease, considering factors such as symptom exacerbation, delayed healing, and recurrence. As research in psychogastroenterology continues to advance, this article seeks to consolidate current knowledge and highlight areas for future investigation. By comprehensively examining the intricate relationship between gastric ulcers and anxiety, we aim to contribute to a deeper understanding of the clinical nuances involved, ultimately paving the way for integrated approaches to the diagnosis, management, and prevention of gastric ulcer disease in individuals with anxiety disorders (3-7).

Here it was aimed to present a gastric ulcer case drecovered with anti-anxiety treatment.

CASE PRESENTATION

A 28-year-old woman presented with a two-month history of epigastric burning pain worsened by meals and stress. Endoscopy confirmed a duodenal ulcer with mild activity. Standard ulcer therapy with proton pump inhibitors and antibiotic regime was initiated.

However, despite strict adherence to medication and dietary recommendations, the ulcer showed minimal improvement after two weeks. Further exploration revealed the patient had

been experiencing chronic anxiety and stress related to work and personal relationships. She had previously declined anti-anxiety medication due to concerns about side effects.

Given the significant psychological burden and its potential impact on ulcer healing, a collaborative approach with a psychiatrist was undertaken. After careful assessment and discussion, the patient agreed to a low-dose regimen of an anxiolytic medication alongside her existing ulcer therapy.

Within two weeks of initiating the anti-anxiety medication, the patient reported a significant reduction in anxiety symptoms and a noticeable improvement in her pain score. Endoscopic re-evaluation after four weeks revealed complete ulcer healing. The anxiolytic medication was gradually tapered and discontinued without relapse of either anxiety or ulcer symptoms at six months follow-up.

DISCUSSION

This case demonstrates the potential benefits of fosfomycin prophylaxis for recurrent UTIs in diabetic elderly women. Its single-dose administration offers several advantages: Compared to daily or longer regimens, single-dose administration minimizes the risk of non-adherence, crucial for successful prophylaxis. Fosfomycin generally has a good safety profile and is well-tolerated by older adults, reducing concerns about adverse drug reactions. The single-dose approach minimizes overall antibiotic exposure, potentially curbing the emergence of antibiotic resistance (10-14).

While further research is needed to establish definitive guidelines for fosfomycin prophylaxis in this population, this case highlights its potential as a valuable tool for managing recurrent UTIs in diabetic elders. Its efficacy, convenience, and tolerability offer a promising alternative to conventional prophylaxis regimens, improving patient quality of life and potentially reducing healthcare costs associated with recurrent infections (13-15).

This case report adds to the growing evidence supporting the use of fosfomycin prophylaxis for recurrent UTIs in diabetic elderly women. Its single-dose administration and favorable safety profile make it a potentially valuable option for this vulnerable population. Future studies are needed to confirm its long-term efficacy and safety in larger cohorts, paving the way for more personalized UTI prevention strategies in geriatric healthcare.

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