Objective: To compare the efficacy of Omeprazole with that of Ranitidine in relieving symptoms of un-investigated dyspepsia in primary care.

Study design-setting: A randomized controlled trial involving 110 adults aged 18-55 years that presented with un-investigated dyspepsia at the general out-patients clinics of the Jos University Teaching Hospital.

Methods: Participants that satisfied the inclusion criteria were randomly assigned to either Omeprazole or Ranitidine arm of study up to a maximum of 55 participants in each arm. Baseline symptoms were established using the Global Overall Symptom (GOS) scale and the patients were treated for 4-weeks. Using the same scale, symptom improvement from baseline at 2 and 4-weeks of treatment and symptom relapse at 4-weeks after cessation of treatment were assessed.

Results: The mean ages for the participants respectively in the Omeprazole and Ranitidine groups were 37.75± 11.58 and 35.64 ± 9.63 (with predominance of the female gender in both groups) and the mean BMI for the two groups respectively were 25.21 ± 5.23 and 25.84 ± 5.05.

At four weeks of treatment 21(38.18%) in the Omeprazole group compared to 15 (27.27%) in the Ranitidine group reported symptom relief (GOS2), while 19 (34.55%) and 12 (21.82) respectively reported symptom resolution (GOS 1). The observed difference in symptom improvement was however not statistically significant ($p_2=0.0788$, $p_4=0.154$).
At the end of the 4th week of cessation of therapy, 18 (45.00\%) and 21 (77.78\%) participants reported symptom relapse (\text{GOS} \geq 4) respectively in the Omeprazole and Ranitidine groups.

\textbf{Conclusion}: Both Omeprazole and Ranitidine were useful in alleviating symptoms of uninvestigated dyspepsia in adults that presented at the general out-patients clinics of the Jos University Teaching Hospital but were associated with low rates of symptom improvement at 4-weeks of therapy and high incidence of symptom relapse at 4- weeks after cessation of therapy.