

GERD

- Diagnosis and Management

Objectives

- Initial management of GERD
- Management of pts that have sub-optimal outcomes to the initial management
- Management of pts with extra-esophageal reflux induced symptoms
- Understanding the H. Pylori dilemma

GERD

- Common complaint
- Deceivingly “simple”
- “When you come to a fork in the road take it” Yogi Berra

Typical GERD Symptoms

- Heartburn
- Regurgitation
- Non-cardiac chest pain

Less Typical GERD Symptoms

Some association

- Bloating
- Nausea/vomiting
- Dyspepsia
- Belching
- Epigastric pain
- Dysphagia
- Sleep disturbances

Extra-esophageal

- Asthma
- Laryngitis
- Chronic cough
- COPD
- Dental caries
- IPF

First Fork in the Road

Test (EGD) or Treat?

Patients with Alarm Symptoms
Need an EGD; Patients
Without Alarm Symptoms
Should Have Empiric
Treatment

Alarm Symptoms

- Hematemesis/Melena
- ***Age 60 or greater***
- IDA
- Unintentional weight loss >5%
- ***Progressive dysphagia***
- Multiple risk factors for Barrett's
- Abnormal imaging
- Family history of esophageal adenoca

Treatment: Lifestyle

- Weight loss
- Elevation of head of the bed
- Avoid eating for 2-3 hours before bedtime

E. Ness-Jensen et al Clin. GI and
Hep 2016;14:175-182 and Montesi
L etal Diabetes Metab Syndr Obes.
2016;9:37-46

Medical Treatment

- Step up
- Step down

Risks of Short Term PPI Therapy

- Relatively few
- Side effects
 - Headache
 - Diarrhea
 - Dyspepsia
- Community acquired pneumonia

Potential Outcomes For The Empirically Treated Pt

- Resolution of symptoms
- Partial response
- No response

Resolution of Symptoms

- Decrease acid suppression to the lowest possible dose

Outcomes of Weaning (Next Forks)

- Able to wean off PPIs for an extended period of time
- Able to wean off PPIs but patient has an early recurrence of symptoms (less than three months)
- Unable to wean off PPIs

Risks of Long Term PPI Use

Real But Small Risks

- Renal insufficiency
- Enteric infections
- Mg⁺ deficiency (if on diuretics)
- Hepatic encephalopathy
- SBP
- Increased mortality

Probably NOT risks

- B12 deficiency
- B1 deficiency
- Iron deficiency
- PO₄ and Ca⁺ deficiency
- Dementia
- Osteoporosis and fractures
- Increased cardiovascular risk

Conclusion

- Patients that need PPIs should definitely take them. The benefits clearly outweigh the risks
- Patients that don't need PPIs should not take them, although the risks are small, but by definition, the risks outweigh the benefits.

What About The Patient That Responds But Needs Long Term PPIs?

- No clear answer
- Continue on maintenance PPIs
- EGD
 - May establish anatomical need for long term therapy (ERD > LA grade A)
 - May lead to an alternative diagnosis and therapy
- Individualize

Partial Response Options

- Evaluate compliance
- More aggressive acid suppression
- Change PPI (only one time)
- Consider EGD

No Response

- EGD
- Empiric treatment for functional esophageal disease; then if no response EGD

EGD Findings

- Erosive reflux disease (ERD)
- Non-erosive reflux disease (NERD)
- Anatomical abnormality

Erosive Reflux Disease

- Review compliance
- Maximize medical therapy
- Manometry and pH impedance
- Consider endoscopic or surgical therapy

NERD

- Manometry and pH impedance
 - Motility disorders
 - Acid or non-acid reflux
 - Functional esophageal disease

GERD and H. Pylori

- Reasons to treat
 - Prevention of atrophic gastritis and gastric cancer
- Reasons not to treat
 - Has no effect on GERD
 - Gastric cancer incidence very low in the U.S. ergo number needed to treat is very high

Proposed Extra-Esophageal GERD Induced Diseases

- Asthma
- COPD
- Laryngitis
- Chronic cough
- Dental caries
- Idiopathic pulmonary fibrosis