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-esophagaeal 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 adenocarcinoma
Treatment: Lifestyle

• Weight loss

• Elevation of head of the bed

• Avoid eating for 2-3 hours before bedtime

Medical Treatment

• Step up

• Step down

Inadmi JD et al Step down... Am J Gastroenterol 2003; 98:1940-4
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

D. Freedberg et al Risks and benefits... Gastroenterol 2017;152:706-715
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