

GASTROESOPHAGEAL REFLUX DISEASE

Enhanced Primary Care Pathway

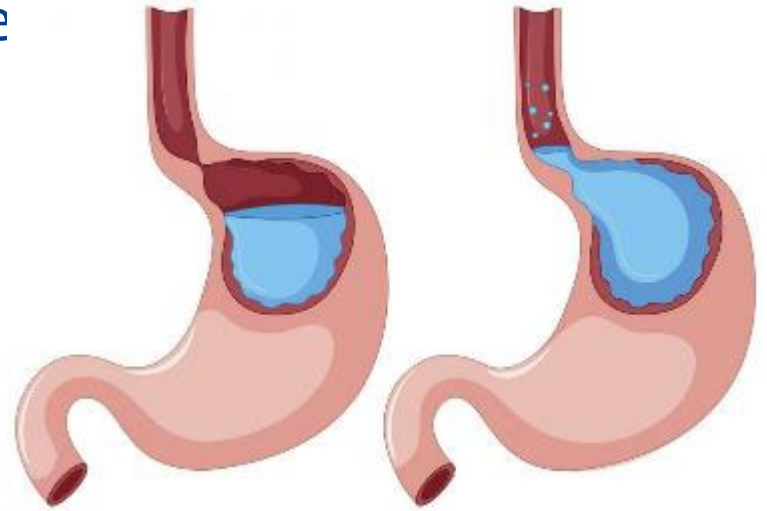
Dr. Andrew Flynn

DISCLOSURES

Nil

DEFINITION

Reflux of gastric contents into the esophagus causing esophageal injury or symptoms that are troublesome to the patient.



GERD SYMPTOMS

1. Typical symptoms

- Heartburn
- Acid regurgitation

2. Atypical symptoms

- Chest pain
- Cough
- Hoarseness

Heartburn ≠ GERD



RED FLAGS

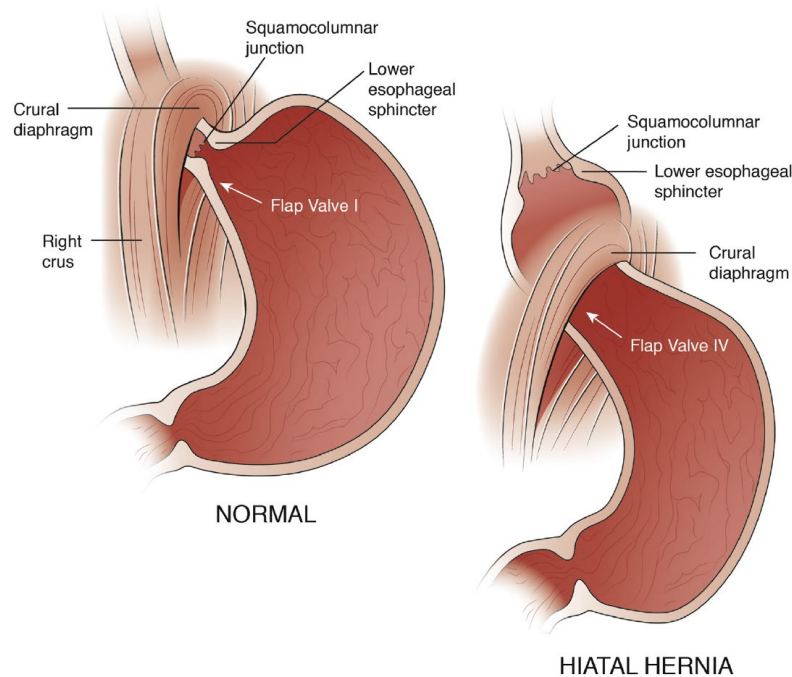
Alarm Features?

Dysphagia
Odynophagia
GI bleeding / anemia
Recurrent vomiting
Weight loss

DIET, SLEEP, STRESS, WEIGHT MANAGEMENT

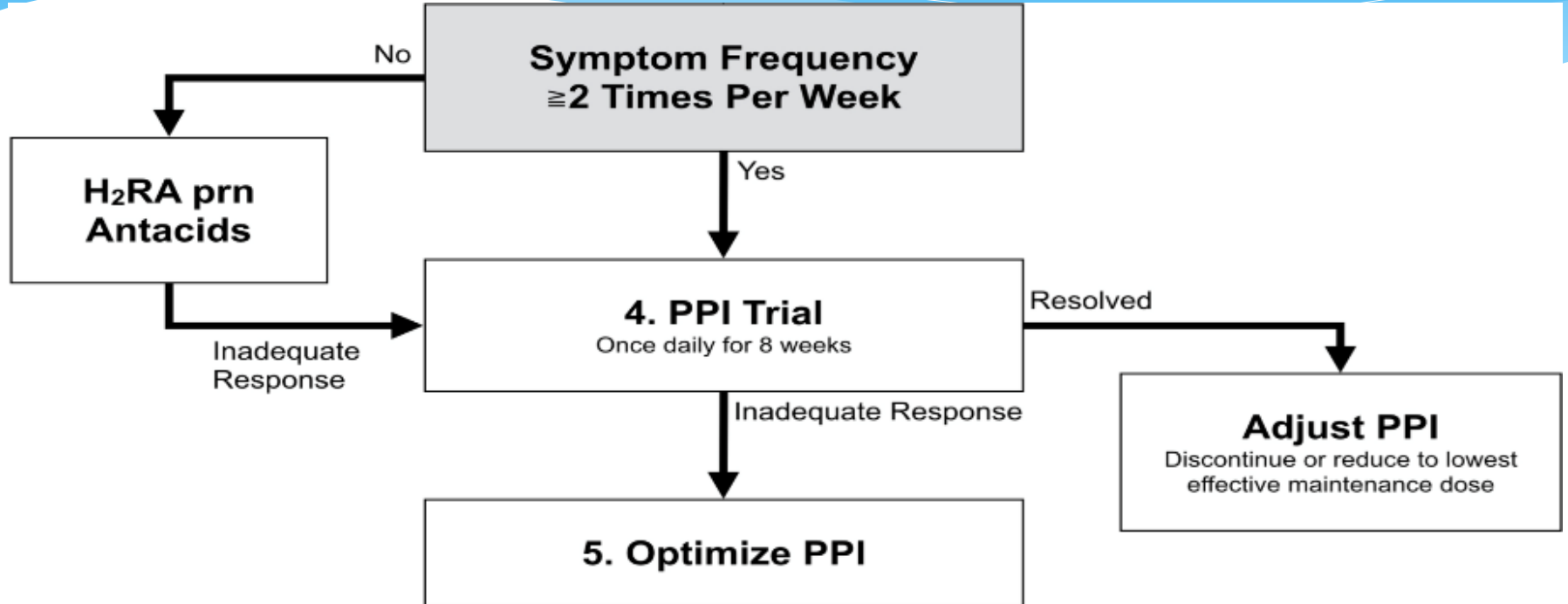
3. Lifestyle Modifications or Weight Loss

ANATOMIC CONSIDERATIONS



Tack and Pandolfino, 2018

ANTISECRETORY DRUGS



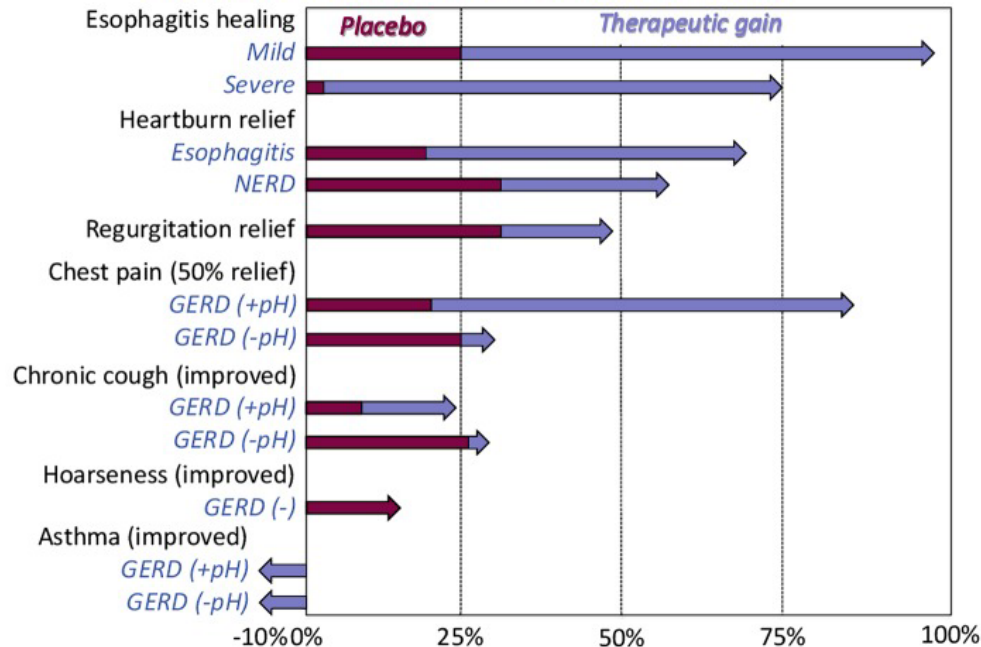
Optimize PPI

1. Assess PPI adherence
2. Try a different once daily PPI
3. Try BID dosing

PPI efficacy

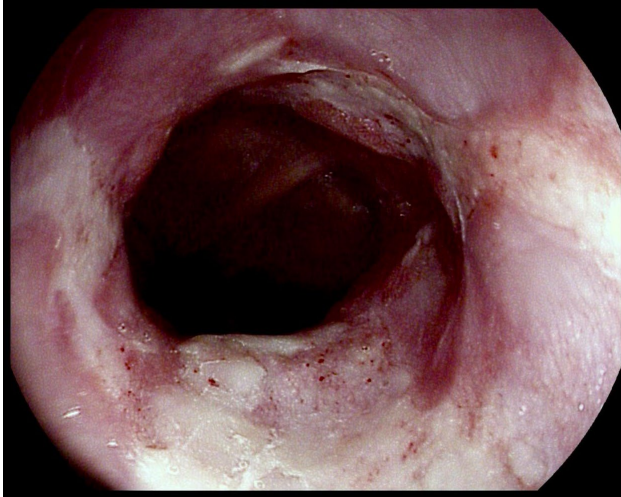
PPI efficacy for potential manifestations of GERD

Estimates based on available RCT data



Kahrilas et al., 2013

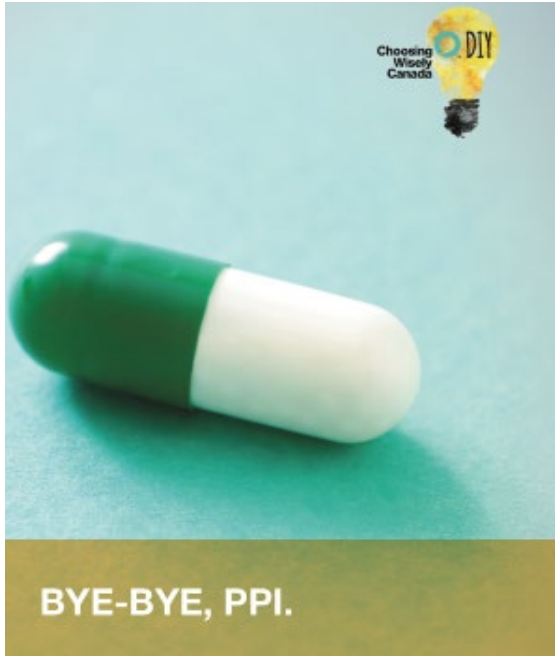
Healing esophagitis




8 weeks PPI bid



WEAN OFF or SCALE BACK PPI



**Choosing Wisely™ advises
attempt to stop / reduce
PPI at least once per year
in most patients**

WHEN TO REFER TO GI

1. Red flags (urgent)
2. “Refractory GERD” (semi-urgent)
3. Barrett’s screening (routine)

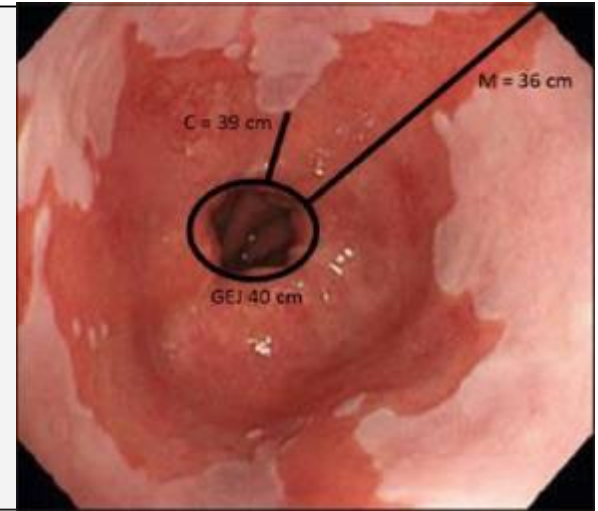


BARRETT'S ESOPHAGUS SCREENING

☐ **Chronic GERD (≥ 10 years) plus two or more risk factors:**

- ☐ >50 years of age
- ☐ Male gender
- ☐ Caucasian
- ☐ BMI ≥ 30
- ☐ Waist circumference >35" for females or >40" for males
- ☐ Hiatal hernia (demonstrated radiographically)
- ☐ Family history of esophageal cancer or Barrett's

☐ **GERD is well controlled with once or twice daily PPI**



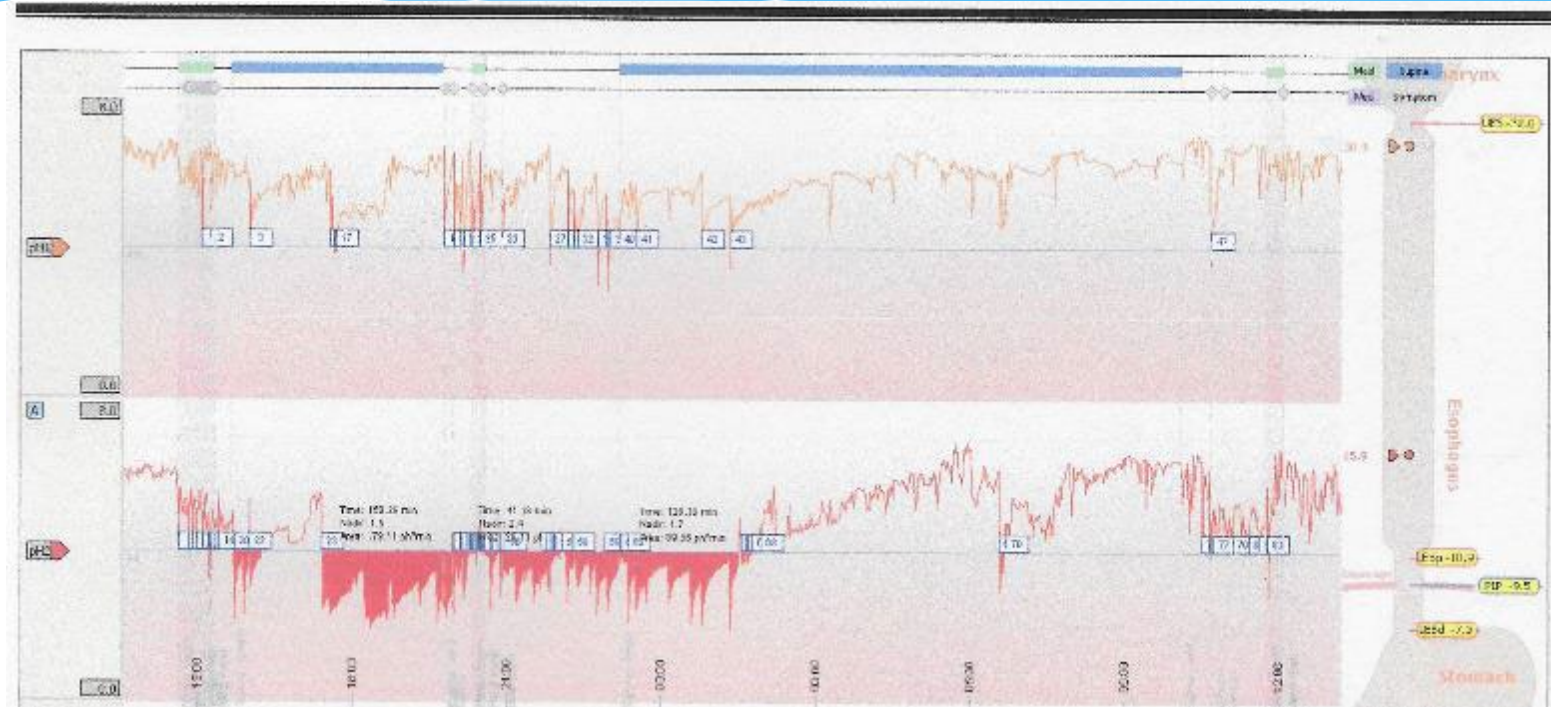
So your patient has heartburn, is partially (or non) responsive to PPIs, and has a normal EGD.

Now what?

Ambulatory pH testing



Ambulatory pH testing



Ambulatory pH testing

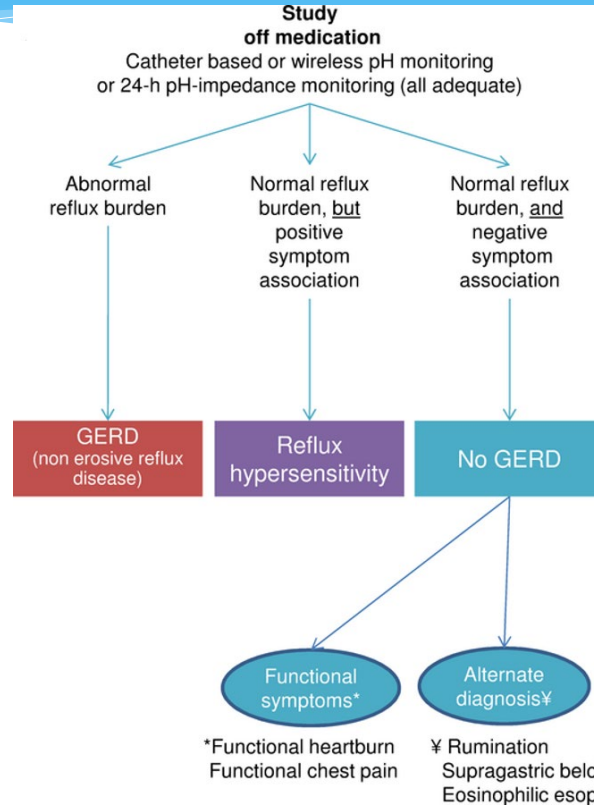
Acid Reflux Analysis

	Ch 1 Prox.	Ch 2 Dist.
Total		
Time spent in reflux (HH:MM)	00:14	08:38
Number of refluxes	43	57
Number of refluxes per hour	1.9	2.6
% Time spent in reflux	1.0	38.7
Number of long refluxes	0	17
Longest reflux (HH:MM)	00:01	02:30

Symptom Analysis (pH)

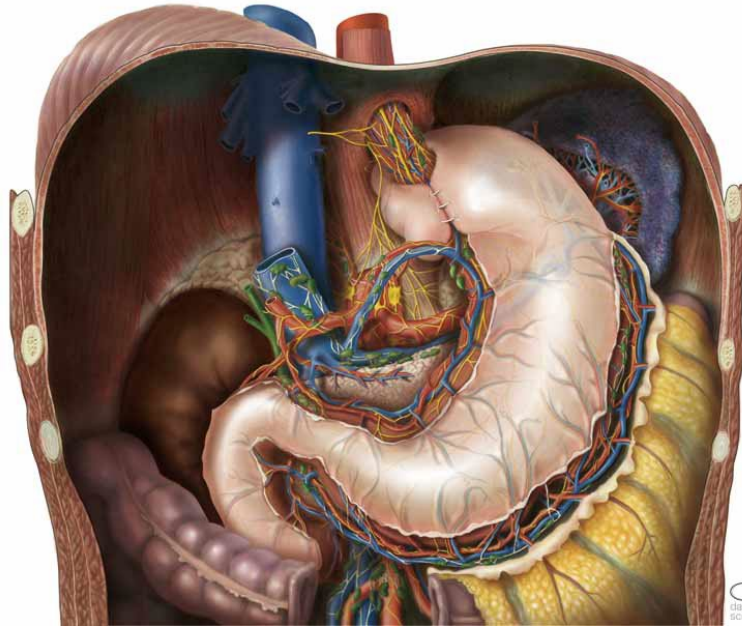
	Heartburn	Reflux
No. of symptoms analyzed	1	4
Ch 1 Prox.		
No. of symptoms related to reflux	0	2
No. of symptoms not related to Reflux	1	2
No. of reflux periods	43	43
Symptom index for reflux (SI)	0.0	50.0
Symptom sensitivity index (SSI)	0.0	4.7
Symptom association prob. (SAP)*	0.0	100.0
Ch 2 Dist.		
No. of symptoms related to reflux	1	3
No. of symptoms not related to Reflux	0	1
No. of reflux periods	57	57
Symptom index for reflux (SI)	100.0	75.0
Symptom sensitivity index (SSI)	1.8	5.3
Symptom association prob. (SAP)*	53.3	95.3

pH test findings



Roman et al., 2017

Fundoplication: the last resort



Summary

1. Heartburn \neq GERD
2. EGD if red flags
3. PPI trial reasonable, but must be optimized
4. pH testing in selected patients with normal EGD and refractory symptoms