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Disease definition, clinical manifestations, epidemiology and natural history of GERD

Nimish Vakil, MD, FACP, FACC, AGAF*

Professor of Medicine, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA

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Gastro-esophageal reflux disease is a global problem and affects children, adolescents and adults. The incidence of the disease appears to be increasing particularly in Asia where reflux disease has not traditionally been a major health problem in the past. Recent consensus efforts to define and classify the disease in both adults and children make it possible to obtain epidemiologic and natural history data using a universally acceptable definition and classification.

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Introduction

Gastro-esophageal reflux disease (GERD) has a global impact on health and impairs the health related quality of life of a substantial proportion of the world's population. Disease manifestations vary depending on the severity and magnitude of reflux and patients may present to physicians of various disciplines with symptoms that may or may not provide clues to the underlying cause of the symptoms. While this is still predominantly a disease of Western populations, changing dietary patterns, the global increase in obesity and other causes have led to a pronounced increase in the prevalence of GERD in Asia. GERD is also increasingly seen in young children and adolescents suggesting that the disease process can begin early in life in some individuals. The changing epidemiology of the disease is therefore of interest from a public health standpoint, in the hope that measures may be taken to prevent further increases in the incidence of the disease. Over the past two decades, major progress has taken place in the treatment of reflux disease. Initial treatments aimed to reduce symptoms but more effective therapies offer patients complete freedom from all symptoms of reflux disease. Despite this, a cure for the disease has remained elusive and the natural history of the disease remains uncertain. For

* Corresponding author. Department of Gastroenterology, Aurora Summit Hospital, 36500 Aurora Drive, Summit WI 53066. Tel.: +1 262 896 6400.

E-mail address: nvakil@wisc.edu.

example, some complications such as esophageal strictures have decreased in prevalence but the most troubling of the complications of reflux disease (esophageal adenocarcinoma) continues to increase at an alarming rate in some countries.

Disease definition and classification

A group of experts have developed a consensus definition and classification of reflux disease that gained widespread acceptance [1]. It has been validated by expert groups in Italy and Germany and the definition and classification has been adopted by the American Gastroenterological Association guideline/technical review on gastro-esophageal reflux disease and also serves as the definition in the draft guidance of the European Medicinal Agency on reflux disease [2–5].

Disease definition

The Montreal consensus group was charged with the development of a definition and classification that could meet the needs of different stakeholders in the area of reflux disease. Therefore the definition and classification needed to meet the needs of patients, medical caregivers of different specialities including primary care physicians, gastroenterologists, otorhinolaryngologists, surgeons and others. The definition also needed to meet the needs of regulatory authorities that supervise and regulate the development of drugs for the management of reflux disease. To meet these needs the Montreal group used systematic reviews of the literature and a modified Delphi approach to develop a consensus statement on the definition and classification of the disease [2]. The Montreal Definition of GERD states that: GERD is a condition, which develops when the reflux of stomach contents causes troublesome symptoms and/or complications [2]. The definition incorporates several important aspects that are critical in disease definitions. The disease definition incorporates a pathophysiologic process and a symptom-based definition that allows clinical application of the definition. A number of descriptive terms were considered before 'troublesome' was chosen because it satisfactorily describes the negative aspects of the symptoms from a patient's standpoint, allows itself to be translated into a number of languages, and recognises the variability in how symptoms impact individual patients. The language of the definition is designed to allow asymptomatic patients with complications such as Barrett's oesophagus to be included in the case-definition of GERD. The definition is also independent of technology, an important aspect of disease definition. For example, patients may be diagnosed based on typical symptoms alone or on the basis of investigations that demonstrate reflux of stomach contents (e.g., pH testing, impedance monitoring) or by demonstration of the injurious effects of the reflux (endoscopy, histology, electron microscopy), in the presence of typical or atypical symptoms or complications. The new definition also recognizes that the refluxate causing symptoms may be weakly acidic or gaseous and allows these patients to meet the case-definition of GERD. Fig. 1 shows the definition and classification of gastro-esophageal reflux disease and its constituent syndromes.

Clinical manifestations of reflux syndromes

A disease may have many symptoms and symptom clusters can provide easily identifiable clinical syndromes with which patients may present. These syndromes are not mutually exclusive and depend on the clinical circumstances under which the diagnosis is made. For example, patients with typical reflux symptoms may be diagnosed based on symptoms alone or they undergo diagnostic tests, which may be the basis of the diagnosis, e.g demonstration of oesophagitis or an abnormal pH study.

Esophageal syndromes and extra-esophageal syndromes

The spectrum of GERD has expanded from a primarily esophageal disorder into a group of syndromes that mirror the different manifestations of reflux disease. These are conveniently into esophageal and extra-esophageal syndromes [1].

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