

Symptom Predictability in Gastroesophageal Reflux Disease and Role of Proton Pump Inhibitor Test

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KEYWORDS

• Heartburn • Regurgitation • Gastroesophageal reflux/symptoms/diagnosis/treatment • Proton pump inhibitor

KEY POINTS

- The symptoms of heartburn and regurgitation may be sensitive but are not adequately specific for diagnosing or excluding gastroesophageal reflux disease (GERD).
- Symptom assessment, particularly from a patient's perspective, is important and tools for measuring these are validated.
- The poorly defined but popular proton pump inhibitor (PPI) test is neither sensitive nor specific enough for diagnosing/excluding GERD.
- The use of the GERD outcomes measures (Reflux Disease Questionnaire and GERD Questionnaire) may be helpful in identifying patients in primary care for whom a PPI test may be cost-effective.
- These measures may be best used as components of a clinical pathway/algorithm for GERD diagnosis/evaluation.

Heartburn and regurgitation are the most common symptoms of gastroesophageal reflux disease (GERD) and are widely accepted as the classic symptoms. Heartburn is most commonly defined as a burning, retrosternal, painful sensation of short duration associated with a meal and regurgitation is defined as the retrograde flow of presumed gastric contents or a sensation of bitter contents in the mouth without associated nausea or retching. In clinical practice, the meaning of heartburn is not standardized and well communicated. In a group of 129 patients from Boston, Spechler and colleagues¹ reported that the term heartburn was understood by only 34.6%, 53.8%, and 13.2% of white people, black people, and East Asian people, respectively.

Disclosures: None.

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In the same study, among patients who claimed that they had heartburn, 29.7% did not describe symptoms that a reasonable clinician would define as heartburn. In contrast, 22.8% of patients who denied having heartburn experienced symptoms that physicians might consider to be heartburn. Sharma and colleagues² recommended that both language and cultural barriers be considered in the evaluation and treatment of patients with GERD.

SYMPTOM ASSESSMENT

The accurate assessment of symptoms in GERD is of prime importance. Symptom assessment is the means by which a primary care provider or a gastroenterologist makes the initial diagnosis, assesses the severity of disease, formulates a diagnostic work-up, starts treatment if appropriate, and later assesses the response to treatment.

ISSUES IN GERD SYMPTOM ASSESSMENT

A significant issue in dealing with GERD symptom assessment is the lack of correlation between the severity of heartburn and the degree of acid exposure or mucosal damage.³ GERD symptoms are the main causes of morbidity and negatively affect quality of life, with little additional impact of endoscopic findings such as erosions or Barrett esophagus.⁴ There are gender differences among patients with GERD symptoms. These symptom differences have been described and there is evidence to show that the symptom severity in women is significantly greater than in men (Fig. 1).⁵ This finding may account for GERD-related complications being more common in men, possibly because of lesser sensitivity to gastroesophageal reflux. There is

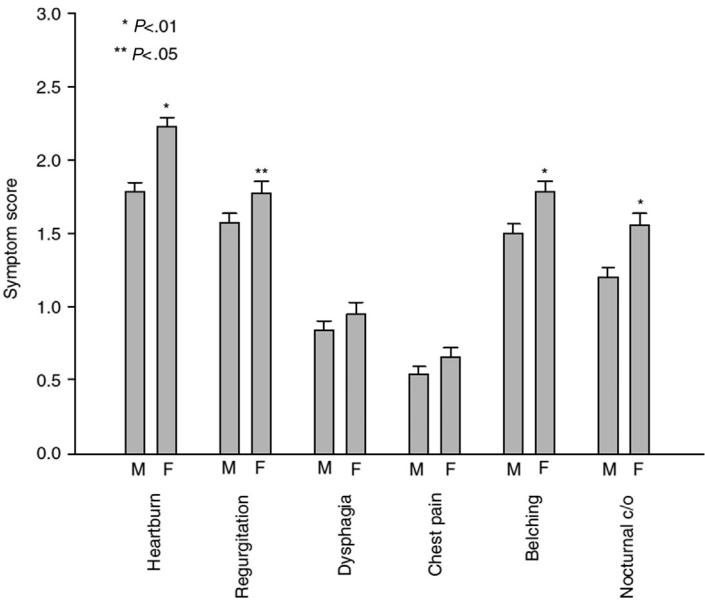


Fig. 1. Quantitative esophageal symptom analysis in women compared with men for all GERD stages (0–IV). There is a significantly higher symptom severity score for heartburn ($P < .01$), regurgitation ($P < .05$), belching ($P < .01$), and nocturnal symptoms (c/o; $P < .01$) in women (F) compared with men (M). (From Lin M, Gerson LB, Lascar R, et al. Features of gastroesophageal reflux disease in women. *Am J Gastroenterol* 2004;99(8):1442–7; with permission.)

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