

# Reflux and Acid Peptic Diseases in the Elderly

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## KEYWORDS

- Gastroesophageal reflux disease • Heartburn • Erosive esophagitis
- Proton-pump inhibitor • Barrett esophagus • Elderly • Geriatric

## KEY POINTS

- Gastroesophageal reflux disease (GERD) is common in the elderly.
- Among older patients, GERD may be asymptomatic or may present with atypical or extra-esophageal symptoms, such as cough, voice changes, asthma, dyspepsia, epigastric pain, nausea, bloating, and belching, making the diagnosis of GERD difficult in this patient population.
- Severe disease and complications of GERD such as erosive esophagitis, Barrett esophagus, and esophageal cancer appear to occur at higher rates in geriatric patients than in younger patients.
- Among elderly patients, earlier endoscopic evaluation and more aggressive medical therapy for GERD may be warranted.

## INTRODUCTION

Gastroesophageal reflux disease (GERD) is defined as the symptoms or complications resulting from the reflux of gastric contents into the esophagus, oropharynx, nasopharynx, larynx, or lung.<sup>1,2</sup> GERD can be symptomatically graded by the frequency and severity of symptoms and its effect on the patient's quality of life.<sup>2,3</sup> Reflux disease is common in the general population, and is a frequent reason for patients to seek medical care. Elderly patients with GERD and their providers face a unique set of challenges in the diagnosis, monitoring, and treatment of their disease as well as its complications.

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## EPIDEMIOLOGY

GERD is the most commonly seen upper gastrointestinal (GI) condition in primary care. In the United States, it is estimated that approximately one-half of adults experience heartburn at least once a month; 20% report symptoms on a weekly basis, and more than 15 million Americans experience heartburn every day.<sup>1,4-6</sup> The prevalence and associated use of proton-pump inhibitors (PPIs) for the treatment of GERD appears to be rising.<sup>3,7</sup> Recent epidemiologic data suggest that in subjects 65 years and older, rates of GI disorders are particularly high, and are estimated to be the third most common cause of visits to primary care physicians.<sup>8,9</sup> Of these GI disorders, GERD is widely believed to increase with age, as does the propensity for more serious disease, including severe esophagitis, peptic stricture, Barrett esophagus, and esophageal cancer.<sup>10,11</sup>

Esophageal manometry with 24-hour esophageal pH studies shows that frequency and duration of esophageal acid exposure increases with age.<sup>12,13</sup> In a population-based study, the incidence of GERD was significantly higher in the elderly. In patients aged 60 to 69 years the annual incidence was 0.92% in men and 0.68% in women, whereas in the 20- to 29-year age group it was 0.40% in men and 0.35% in women.<sup>14</sup> Endoscopic studies also show increased reflux and more severe esophagitis in elderly patients. In a large study of almost 12,000 patients with reflux esophagitis, severe reflux esophagitis became more prevalent with age, from 12% of patients younger than 21 years to 37% in those older than 70.<sup>15</sup> This finding was corroborated by a retrospective study showing a similar increase in the prevalence of severe esophagitis with increasing age.<sup>16</sup> However, a recent systematic review found no clear evidence that the prevalence of symptom-defined GERD increases with age.<sup>17</sup> This discordance may be due to reduced symptoms of existing GERD in the elderly, at least in part attributable to decreased pain perception.<sup>18</sup> There are data showing that the prevalence of symptoms from GERD appears stable or even decreases with age, despite the aforementioned data showing a rising prevalence of the disease itself.<sup>16</sup> When symptoms do occur, the severity of symptoms and the impairment of quality of life from GERD appear to increase with age; in one study, 6.6% of patients in their forties described their heartburn and/or regurgitation as sufficiently severe to impair lifestyle, compared with 17% of patients in their seventies.<sup>19</sup>

Multiple potential factors aggravate GERD in the elderly, including medications known to reduce lower esophageal sphincter (LES) tone, higher frequency of hiatal hernia, impaired esophageal peristalsis, and decreased saliva volume and bicarbonate concentration.<sup>12,20-24</sup> Limitations in the activities of daily living, common among the elderly, appear to be a significant independent risk factor for reflux.<sup>25</sup> Recently, even postural changes seen in the elderly secondary to changes in bone mineral density and paraspinal muscle strength have been associated with an increased risk of GERD.<sup>26</sup> A final likely reason for the increased severity of GERD in older individuals is the cumulative acid injury over time to the esophageal mucosa and the oropharynx.<sup>27,28</sup>

## SYMPTOMS

Heartburn is the hallmark symptom of GERD, characterized by a retrosternal “burning” feeling rising from the stomach or lower chest and radiating toward the neck, throat, and occasionally the back.<sup>2</sup> It often occurs postprandially, particularly after large meals or certain “trigger” foods such as spicy or acidic foods, citrus products, fats, caffeine, and alcohol.<sup>29</sup> Regurgitation of acidic fluids is highly suggestive of GERD, especially if exacerbated by the supine position and bending over. GERD is usually

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