Gastroesophageal Reflux Disease

Rick Kellerman, MD[a,*], Thomas Kintanar, MD[b,c]

KEYWORDS

• Gastroesophageal reflux disease • Heartburn • Regurgitation • Barrett esophagus • Upper endoscopy • Proton pump inhibitors

KEY POINTS

- Gastroesophageal reflux disease (GERD) is a gastrointestinal motility disorder that results from the reflux of stomach contents into the esophagus or oral cavity causing symptoms or complications.
- The typical symptoms of GERD are heartburn and regurgitation of gastric contents into the oropharynx.
- Complications of GERD include erosive esophagitis, esophageal strictures, and Barrett esophagus, a precursor to esophageal adenocarcinoma.
- The first-line treatment of GERD is proton pump inhibitors (PPIs).
- Long-term use of PPIs is associated with bone fractures, chronic renal disease, acute renal disease, community acquired pneumonia, and *Clostridium difficile* intestinal infection.

INTRODUCTION

Gastroesophageal reflux disease (GERD) is a gastrointestinal motility disorder that results from the reflux of stomach contents into the esophagus or oral cavity, causing symptoms or complications. The typical symptoms of GERD are heartburn and regurgitation of gastric contents into the oropharynx. Heartburn is the sensation of burning or discomfort behind the sternum. Heartburn may radiate into the neck, is typically worse after meals or when in a reclining position, and may be eased by antacids. Regurgitation is the backflow of gastric contents into the mouth or hypopharynx. Epigastric pain can also be a symptom of GERD. Extraesophageal symptoms of GERD include dental erosions, laryngitis, cough, and asthma.[1,2]

[a] Department of Family and Community Medicine, University of Kansas School of Medicine Wichita, 1010 North Kansas, Wichita, KS 67214, USA; [b] Department of family medicine, Lutheran Health Services, 10020 Dupont Circle Court, Suite 110, Fort Wayne, IN 46825, USA; [c] Department of family medicine, Indiana University School of Medicine, 1110 West Michigan Street, Long Hall Suite 200, Indianapolis, IN 46202, USA
* Corresponding author.
E-mail address: rkellerm@kumc.edu

Prim Care Clin Office Pract ■ (2017) ■–■
http://dx.doi.org/10.1016/j.pop.2017.07.001 primarycare.theclinics.com
0095-4543/17/© 2017 Elsevier Inc. All rights reserved.

EPIDEMIOLOGY

GERD is the most frequent gastrointestinal-related diagnosis made in the United States, and symptoms of gastroesophageal (GE) reflux are the most common indication for upper endoscopic evaluation in the United States.[3] Symptoms of heartburn and regurgitation are more frequently reported by women than by men.[4] The incidence of GERD is 5 per 1000 person-years in the US adult population.[5]

The prevalence of GERD has global variation. The prevalence in North America is 18% to 28% with a sample-size weighted mean of 20%. The prevalence has been increasing in North America, perhaps because of the obesity epidemic.[5]

Some studies may underestimate the prevalence of GERD because of self-treatment with over-the-counter drugs. Other studies may overestimate the prevalence because of variable and imprecise definitions.

GERD has been associated with time off work, a decrease in work productivity, and quality-of-life concerns, such as poor sleep.[6,7]

CLASSIFICATION

The distinction between physiologic reflux of gastric contents into the esophagus and reflux that results in disease (ie, GERD) is a fine line. The physiologic reflux of stomach contents into the esophagus (ie, gastroesophageal reflux, or GER) may be normal in many individuals. Most episodes of GER are brief and do not cause symptoms, esophageal damage, or complications.[1]

The Montreal Definition and Classification Global Consensus Group defines GERD as a condition that develops when the reflux of stomach contents into the esophagus causes troublesome symptoms and/or complications.[1] Symptoms are considered "troublesome" when they adversely affect an individual's well-being. Mild symptoms occurring 2 or more days per week may be considered "troublesome" by some patients.[1]

GERD can be separated into erosive and nonerosive reflux disease (NERD) categories. The erosive category includes symptoms with evidence of esophageal mucosal damage. The NERD category involves symptoms without endoscopic evidence of esophageal mucosal damage. The symptom response rate to proton-pump inhibitors (PPIs) is low in NERD.[1]

The Montreal Consensus Group further delineates GERD into syndromes that are esophageal or extraesophageal based on symptoms and complications.[1]

The esophageal syndromes include subcategories that describe conditions resulting from esophageal injury, including reflux esophagitis, reflux stricture, Barrett esophagus, and esophageal adenocarcinoma. A separate esophageal syndrome category (ie, NERD) includes conditions whereby the patient describes symptoms of regurgitation, heartburn, or chest pain, but there is no evidence of esophageal mucosal injury.[1]

Extraesophageal syndromes associated with GERD include conditions with an established relationship with GERD (eg, dental erosions, laryngitis, cough, and asthma) as well as conditions with a *proposed* relationship with GERD (eg, pharyngitis, sinusitis, idiopathic pulmonary fibrosis, and recurrent otitis media).[1]

RISK FACTORS FOR GASTROESOPHAGEAL REFLUX DISEASE

Many risks factors for GERD have been postulated. The best proven are associations between GERD and body mass index, family history of GERD, and alcohol use.[8]

Other likely risk factors include pregnancy, disordered and delayed esophageal motility from neuropathies and scleroderma, and surgical vagotomy.

Download English Version:

https://daneshyari.com/en/article/8766600

Download Persian Version:

https://daneshyari.com/article/8766600

Daneshyari.com