

## **Update on Diagnosis and Treatment of Gastro-esophageal Reflux Disease**

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Gastro-esophageal reflux disease (GERD) is an illness due to the reflux of gastric contents into the esophagus, leading to physical complications or significant impairment in quality of life. The prevalence of heartburn and/or acid regurgitation was estimated to be 19.8% in a US population-based survey. The prevalence of GERD in Chinese population remains poorly defined. A population-based telephone survey in Hong Kong using a validated GERD questionnaire by our group found that the annual, monthly and weekly prevalence of GERD symptoms were 29.8%, 8.9% and 2.5% respectively in Hong Kong Chinese. Furthermore, GERD patients had a significantly higher degree of anxiety and depression, higher social morbidity and required more days off when compared to subjects without. Typical symptoms of GERD include acid regurgitation and heartburn but patients may present atypically with angina-like chest pain, asthma, chronic cough and hoarseness of voice. For patients that presented with alarming symptoms such as weight loss, dysphagia, hematemesis or anaemia, prompt endoscopy is necessary to rule out malignancy. The diagnostic tools for GERD include endoscopy, 24-hour ambulatory esophageal pH monitoring or a trial of proton pump inhibitor. A validated GERD symptom score has been developed by our group to aid the diagnosis of GERD with a sensitivity and specificity of 80% and 83%. The aims of the treatment of GERD include the following: 1. confirm the diagnosis of reflux disease, 2. relief of reflux symptoms, 3. reassurance of patients that it is a benign disease and 4. healing of esophagitis, if present.

The best agent for the initial and maintenance treatment of GERD is proton pump inhibitor. Step-down approach is a feasible approach for the management of mild GERD disease but severe erosive esophagitis needs long-term maintenance therapy. On-demand proton pump inhibitor therapy is an effective option for patients with non-erosive reflux disease. Testing and treatment of *Helicobacter pylori* infection should be considered in patients receiving long-term proton pump inhibitor therapy. Endoscopic surveillance of patients with Barrett's esophagus is routinely performed, but not yet substantiated by prospective study. Finally, anti-reflux surgery is not without side effects and long-term data are comparable to medical therapy.