

GERD

Gastroesophageal Reflux Disease

Guideline History

Date Approved	04/04, 05/06
Date Revised	04/02, 02/04, 03/06, 02/08
Date Reviewed	03/06
Next Review Date	

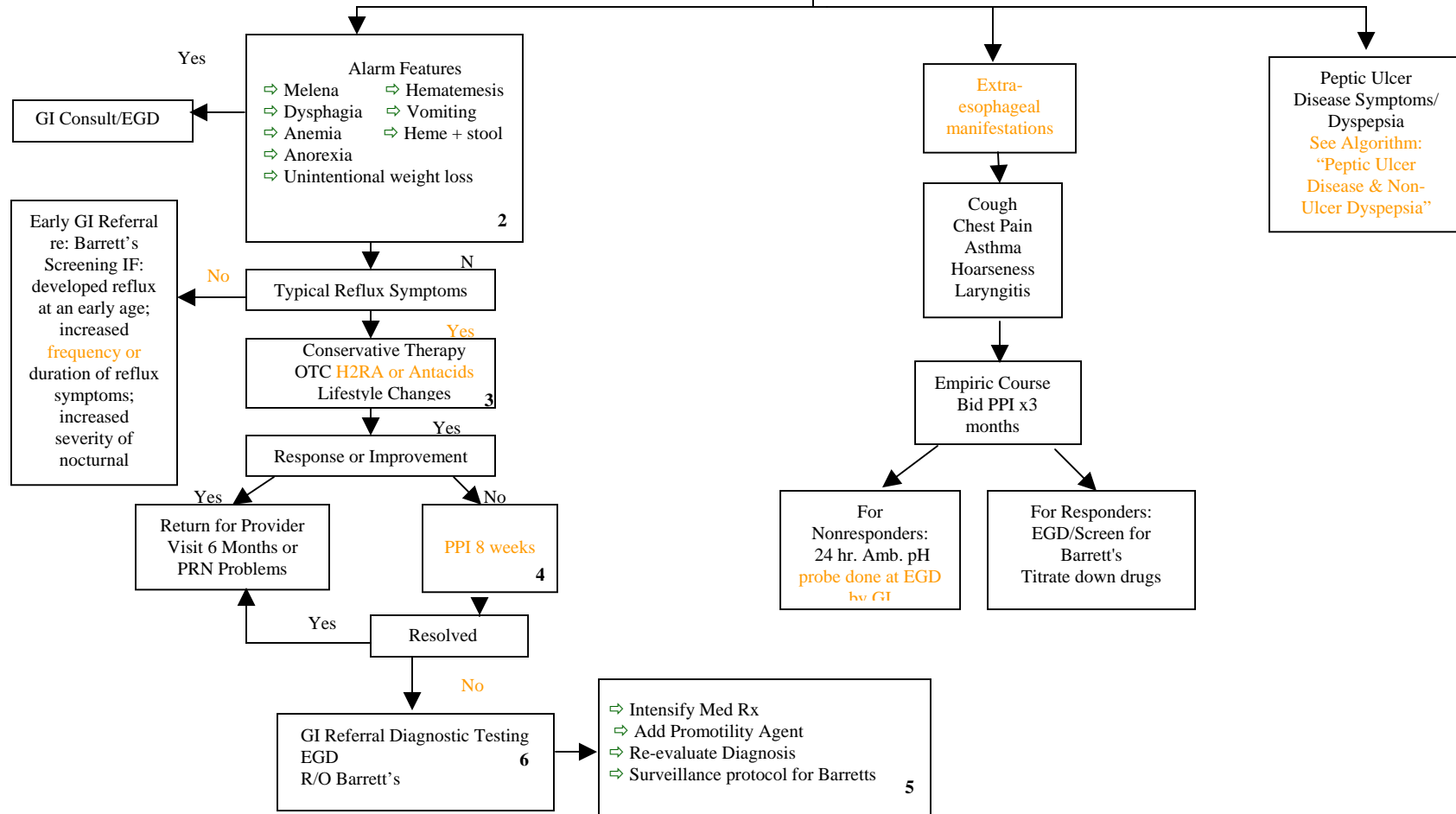
GERD in Adults Algorithm

Instructions

Please refer to annotations for further explanations of each numbered box.

Adult reports symptom or combination of the following symptoms:

- ⇒ Epigastric burning
- ⇒ Bloating
- ⇒ Substernal burning



GERD PROTOCOL

Algorithm Explanation

1. Determine general symptoms of dyspepsia:
 - Abdominal pain
 - Burning sensation
 - Substernal burning
 - Abdominal cramping or bloating (Upper quadrants)
 - association of pain with meals and/or type of meals
 - nocturnal awakening or exacerbation with recumbency
2. Alarm symptom may indicate an underlying cancer; therefore additional testing may be required.
3. Life style changes include:
 - Diet --small frequent meals, low fat.
 - Avoid late meals, nocturnal snacks, or large volume evening meals or liquids.
 - Avoid recumbency 4 hours postprandial.
 - Avoid caffeine, peppermint, chocolate, or any other specific food that precipitates symptoms.
 - Limit alcohol consumption.
 - No smoking.
 - Avoid tight clothing over abdominal area.
 - Weight loss, if obese.
 - Elevation of the head of bed.
 - Medication adjustments if causal factor (e.g. Calcium Channel Blockers, Theophylline Preps).
 - Try chewing gum (sugar free) to stimulate salivary secretions and augment acid neutralization
4. If reflux is suspected, give H2 receptor antagonist, or PPI.
5. These are all appropriate treatments regardless of findings for refractory sx. Current medication may be increased in dosage or additional/alternative medications may be prescribed.
 - Intensify Med Rx
 - Add Proton Pump Inhibitor
 - Re-evaluate Diagnosis
 - Surveillance protocol for Barrett's
6. Persistent symptoms require referral to gastroenterologist for further diagnostic testing, i.e.: 24 hr esophageal pH. Radiographic studies, i.e.: UGI, are not appropriate. These studies have no role in the work up of GERD.

EGD will be primary diagnostic test to allow for biopsy option and visualization.

- EGD early if dysphagia present or positive risk for opportunistic infections.
- All patients who have developed reflux at an early age, have a long duration of symptoms, have severe nocturnal symptoms or have atypical symptoms that respond to empiric therapy should be referred for EGD to screen for Barrett's.

Triage Form for GERD in Adults

May use label if available

Patient Name _____	Age _____	Physician/CNP _____
Date _____	Facility _____	MR # _____
Phone: Home _____	Work _____	

- Circle the following that best describe the type and area of your pain:
Upper abdominal pain Burning sensation (heartburn) Chest pain/burning sensation
Upper abdominal cramping "Sour stomach" sensation
Other _____
- Rate the pain on a scale of 1-10, 1= mild and 10 = extreme: _____
- How often do you have this type of pain (once, rarely, daily, etc.)? _____
- How long have you had this problem (days/weeks/months or years)? _____
- When do you have the pain most frequently (circle any that apply):
Before eating After eating After reclining or lying down In middle of the night
No association with meals Other _____
- Are there any certain foods or drinks that seem to cause the pain or make it worse? (List)
- Current medications list:
Prescription: _____ Over the counter (with frequency): _____
- Do you smoke? _____ How much? _____ How long? _____
- Alcohol intake? _____ How much? _____ How often? _____
- List any over-the-counter medications taken for this problem? _____ Did it help? _____

Physician or office staff will complete below this line

Physical exam findings:

Impression:

<u>Typical Reflux Symptoms</u>	<u>Atypical Symptoms</u>	<u>Peptic Ulcer Disease</u>
<u>Symptoms</u>		
ICD.9 530.81 Esoph.Reflux/GERD	787.2 Dysphagia /	533.90 Unspecified Peptic Ulcer
536.8 Dyspepsia	Odynophagia or	
	cough 786.2 / hoarseness 789.49	
	laryngitis 476.0	

Treatment Plan: Circle

OTC Antacid	Barium Swallow	UGI Series
Lifestyle modification	EGD	Rantidine
24 hr amb pH monitor	H. Pylori Screen	Rantidine HS
Other med _____		

Return Visit scheduled _____ or prn _____ MD Signature _____
GI Referral _____ Comments: _____

COPING WITH HEARTBURN

There are many different causes for heartburn. Individuals may experience different symptoms. Ten percent of U.S. adults experience heartburn every day and 33% suffer from it at least once a week. It is usually caused by acid in the stomach (gastric acid) flowing up into the esophagus (the tube that runs down to your stomach), this is otherwise known as reflux. The esophagus has a different lining than the stomach so it is more sensitive to this acid.

The following are lifestyle changes that may reduce or eliminate your symptoms.

Diet

Large meals--Can make the stomach so full that acid can leak up, especially when bending over or lying down. Eat smaller low fat meals more frequently (5 or 6) to keep the pressure down.

Eating or drinking just before sleeping. Acid leaks up more easily when you are reclining/lying down. Avoid eating late meals, bedtime snacks, and large volumes of liquids for 2 hours before sleeping or reclining.

Certain foods-- can cause heartburn, especially **high fat foods**, as well as the following:

Caffeine	Peppermint	Garlic	Tomatoes	
Spearmint	Onions	Citrus juice	Chocolate	Salsa

Avoid ones that are irritating for you.

Alcohol & Smoking

Both cause your stomach to produce more acid and also makes it easier for acid to flow backwards into the esophagus. Reduce or eliminate both.

Weight

If you are overweight, reducing your weight can decrease pressure on the stomach.

Elevation of the Head of Your Bed

Use approximately 6 inch blocks under the head of the bed. A foam wedge under the pillow is another alternative. Elevation will help to reduce the acid reflux that irritates the esophagus.

Medications

Certain medications may cause or aggravate heartburn. Several over-the-counter medications, especially those containing aspirin (Bufferin, Anacin, Alka Seltzer, BC powder, etc.), as well as some prescription medications may contribute to this. Have your physician review your prescription medications and your over-the-counter medicines. Consult your doctor for further advice about prescribed medications if problem persists.

Other Options

Chewing gum stimulates saliva and helps with acid neutralization. This is sometimes helpful. Many antacids are available over the counter and may be very beneficial. If symptoms are not frequent and occur after meals, Gaviscon or Maalox HRF may be more helpful.

Physician Follow up

Be sure to follow up with your physician if symptoms persist or get worse or if you have any “alarm features” such as swallowing problems (food “getting stuck”), or cough, hoarseness or laryngitis.

REFERENCES

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