

## Emerging Strategies in the Treatment of Gastroesophageal Reflux Disease

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This supplement to *The American Journal of Managed Care* highlights the proceedings of 2 symposia held during the American College of Gastroenterology annual meeting, which took place October 15 through October 19, 2000, in New York City. Both symposia discussed gastroesophageal reflux disease (GERD) and related factors that may complicate its diagnosis and management.

The first symposium, "The Burning Issue: Preventing Acid-Induced Complications," was held October 15 and included presentations by Joel E. Richter, MD, of the Cleveland Clinic Foundation; James M. Scheiman, MD, of the University of Michigan Medical School in Ann Arbor; and Donald O. Castell, MD, of MCP Hahnemann University School of Medicine and the Graduate Hospital in Philadelphia.

The second symposium, "Point/Counterpoint: Controversies in GERD Management," was held October 16. This symposium included a debate between David A. Lieberman, MD, of Oregon Health Sciences University in Portland, and Richard E. Sampliner, MD, of the University of Arizona College of Medicine and the Southern Arizona VA Healthcare System. Their topic was screening and surveillance for Barrett's esophagus (BE) patients. A second debate involved the pros and cons of eliminating *Helicobacter pylori* infection and was presented by

Nimish B. Vakil, MD, of the University of Wisconsin Medical School, Madison, and Sinai-Samaritan Medical Center, Milwaukee, Wisconsin, and Mae F. Go, MD, of the VA Salt Lake City Health Care System, Utah.

GERD is a common disorder with well-known symptoms such as heartburn. However, there are other, less well-recognized GERD presentations that may require different management techniques. Atypical presentations of GERD include both pulmonary and otolaryngologic disorders with the most common being asthma, chronic cough, and chronic hoarseness. In fact, 30% to 89% of chronic asthma patients will have GERD.<sup>1</sup> Other pulmonary manifestations include bronchitis, aspiration pneumonia, apnea, atelectasis, and pulmonary fibrosis. Other otolaryngologic presentations may include globus, halitosis, vocal cord granulomas and ulcers, laryngeal stenosis and cancer, and dental erosions.<sup>2</sup> Treatment of GERD with a proton pump inhibitor (PPI) can often reduce or eliminate asthma or other atypical symptoms in this patient population.

GERD is extremely common among those taking nonsteroidal anti-inflammatory drugs (NSAIDs), and up to 40% of these patients will have asymptomatic but endoscopically evident gastroduodenal damage. Clear data indicate that NSAID use is a leading cause of erosive gastric disorders,

and preventive management should be considered for patients who must take these drugs.<sup>3,4</sup> There is evidence that prophylactic therapy for patients who cannot discontinue aspirin or NSAID use may help reduce the risk of NSAID-induced GERD and related disorders.

The incidence of adenocarcinoma of the esophagus among white males in the United States has risen dramatically since 1975. Many experts believe this adenocarcinoma increase results from BE secondary to GERD.<sup>5</sup> There is little evidence that any treatment for BE will reduce the risk of cancer associated with the disorder, but recent studies suggest that BE progression can be slowed with appropriate therapy. Aggressive acid control is needed for BE patients and should be confirmed with 24-hour pH monitoring. Currently, there is controversy over whether all GERD patients should be screened regularly for BE, whether only high-risk patients should be screened, and whether all BE patients should undergo surveillance for adenocarcinoma development. This issue is complicated because only a small portion of BE patients will develop esophageal adenocarcinoma during their lifetime.

There has also been conflicting information in the literature concerning the relationship between *H pylori* infection and the development of GERD and GERD-related gastroduodenal damage.<sup>6</sup> Some studies indicate that the infection offers protection

against GERD-related disorders, that it affects the efficacy of GERD treatment with PPIs, and that it is particularly important in patients taking NSAIDs. However, there is a clear relationship between *H pylori* and ulcer development and certain forms of gastric cancer, particularly mucosa-associated lymphoid tissue lymphoma and distal gastric cancer.<sup>7</sup> Whether *H pylori* infection should be eradicated in all patients is therefore debated at length in this supplement.

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