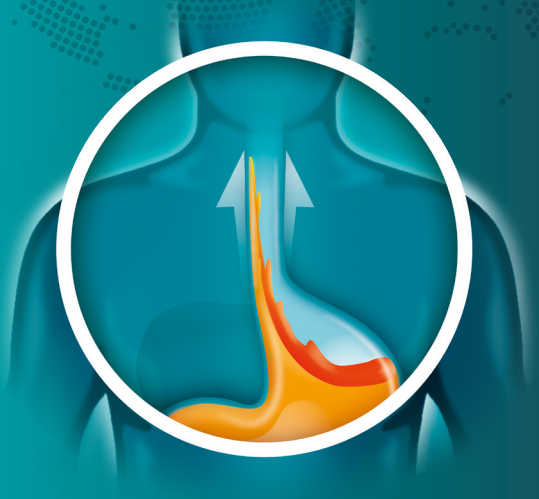
MANAGEMENT OF MILD-TO-MODERATE GASTROESOPHAGEAL REFLUX DISEASE (GERD) IN THE SOUTHEAST ASIAN (SEA) REGION

QUICK REFERENCE[1] FOR HEALTHCARE PROVIDERS



Gastroenterological Society of Singapore

Pharmaceutical Society of Singapore

SEA CONSENSUS AND RECOMMENDATIONS ON THE MANAGEMENT OF MILD-TO-MODERATE GERD

INTRODUCTION

Gastroesophageal reflux disease (GERD) is a disorder in which gastric contents reflux recurrently into the oesophagus, causing troublesome symptoms and/or complications. Recent studies have shown that GERD has become more prevalent in the Asia-Pacific region.

In the SEA region, GERD is generally mild to moderate. The majority of cases are non-erosive reflux disease (NERD) and most patients with reflux oesophagitis present with milder grades of oesophagitis. "Mild-to-moderate GERD" is defined as awareness of reflux symptoms, but is easily tolerated (mild) and discomforting reflux symptoms sufficient to cause interference with normal activities, but is tolerable (moderate).

EPIDEMIOLOGY OF GERD

1. The incidence of GERD is increasing in the SEA region.

2. The majority of GERD cases are NERD (50-85%).

3. Complications of GERD such as bleeding and strictures are uncommon in Asian patients.

4. The prevalence of Barrett's oesophagus is low in the region (2.4%).

5. Many cases of NERD have poor response to proton pump inhibitors (PPIs) or have breakthrough symptoms while on PPI treatment.

MECHANISM OF DISEASE

6. The acid pocket is a physiological finding in the human stomach formed after a meal – An unbuffered acidic region.

7. The acid pocket plays an important role in causing acid reflux – Postulated to be the source of acidic refluxate.

8. Alginate compounds form a raft above the acid pocket and prevents reflux of acid and non-acidic contents (volume reflux) of the stomach into the lower oesophagus – Acts as a physical barrier to suppress acid reflux.

DIAGNOSTIC INVESTIGATIONS

9. Endoscopy is indicated when patients present with alarm or refractory symptoms.

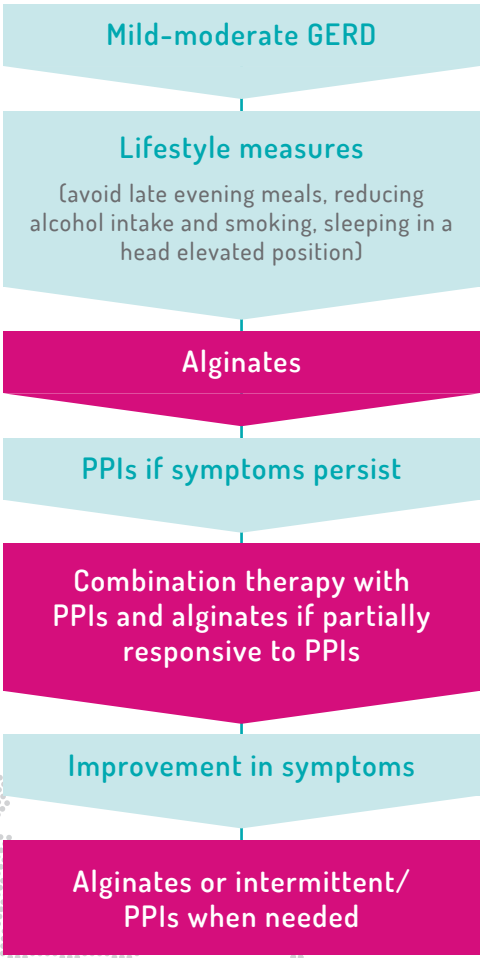
10. pH monitoring and impedance testing are not necessary in the routine management of mild-to-moderate GERD.

TREATMENT

11. In obese individuals, weight loss is recommended to improve control of GERD symptoms.
12. Avoidance of tobacco smoking and reduction of alcohol intake and modification of diet/lifestyle are important in the treatment of GERD.
13. Routine avoidance of specific food and drinks is not recommended.
14. Elevation of the head of the bed is useful in improving nocturnal GERD symptoms.
15. Alginates should be considered for empirical treatment of patients with mild-to-moderate symptoms of acid reflux disease.
16. PPIs are the mainstay of treatment for patients with symptoms of GERD.
17. Alginates are a good adjunctive therapy for relief of GERD symptoms partially responsive to PPI therapy.
18. PPIs are generally safe drugs but should be used with caution when taken on a long-term basis.

The expert panel has therefore recommended alginates as the first-line empirical treatment of mild-to-moderate GERD

Figure 1: Algorithm for the management of mild-to-moderate GERD in the SEA region.



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REFERENCE

1. Goh KL, Lee YY, Leelakusolvong S, *et al*. Consensus statements and recommendations on the management of mild-to-moderate gastroesophageal reflux disease in the Southeast Asian region. *JGH Open*. 2021;5(8):855-863. doi:10.1002/jgh3.12602.

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