

Gastroesophageal Reflux Disease

Developed by	American Gastroenterological Association (AGA)
How developed	<p>A consensus panel was convened by the AGA. Literature was reviewed (see below) and recommendations were established.</p> <ul style="list-style-type: none"> • Kahrilas PJ, Shaheen NJ, Vaezi MF, et al. American Gastroenterological Association Institute technical review on the management of gastroesophageal reflux disease. <i>Gastroenterology</i> 2008; 135:1392. • Katz PO, Gerson LB, Vela MF. Guidelines for the diagnosis and management of gastroesophageal reflux disease. <i>Am J Gastroenterol</i> 2013; 108:308. • Shaheen NJ, Weinberg DS, Denberg TD, et al. Upper endoscopy for gastroesophageal reflux disease: best practice advice from the clinical guidelines committee of the American College of Physicians. <i>Ann Intern Med</i> 2012; 157:808. • Kahrilas PJ. Medical management of gastroesophageal reflux disease in adults. Up to Date. • Gunaratnam NT, Jessup TP, Inadomi J, Lascewski DP. Sub-optimal proton pump inhibitor dosing is prevalent in patients with poorly controlled gastro-oesophageal reflux disease. <i>Aliment Pharmacol Ther</i> 2006; 23:1473.
Additional essential patient information	<ul style="list-style-type: none"> • Description of the symptoms: <ul style="list-style-type: none"> • Does the patient complain of the following? {yes/no} <ul style="list-style-type: none"> • Heartburn • Regurgitation • Dysphagia • Cough • Hoarseness or dysphonia • Weight loss • GI bleeding • How long ago did the symptoms start in weeks/months? • How many times a week? • Nocturnal symptoms {yes/no} • Treatment to date and response: <ul style="list-style-type: none"> • Antacids (List) • H2 blockers (List) • PPI's (List) <ul style="list-style-type: none"> • If a PPI was used, was the drug used regularly before meals? {yes/no}

Gastroesophageal Reflux Disease (*continued*)

<p>Additional patient information, if available</p>	<p>Clinical symptoms and evaluation</p> <ul style="list-style-type: none"> • Chest pain • Asthma, bronchitis, pulmonary fibrosis, aspiration pneumonia • Hoarseness, cough, laryngitis, subglottic stenosis • Sinusitis, pharyngitis • Dental erosions <p>Family history of Esophageal cancer or Barrett’s esophagus</p> <ul style="list-style-type: none"> • First degree relative [whom], age of diagnosis <p>BMI of patient</p> <p>Endoscopy</p> <ul style="list-style-type: none"> • Esophagoscopy: Date/findings _____ • Laryngoscopy: Date/findings _____ • EGD: Date/findings _____ <p>Radiologic examination</p> <ul style="list-style-type: none"> • Barium Swallow: Date/findings _____ • Upper GI: Date/findings _____ <p>GI Diagnostic studies</p> <ul style="list-style-type: none"> • Esophageal pH testing: Date/findings _____ • Esophageal motility: Date/findings _____ • Esophageal impedance testing: Date/findings _____
<p>Alarm symptoms/conditions</p>	<p>A patient with gastrointestinal bleeding, dysphagia, or weight loss should be referred for urgent evaluation.</p>
<p>Tests/procedures to avoid prior to consult</p>	<p>None provided</p>
<p>Common rule-outs to consider prior to consult</p>	<p>None provided</p>
<p>Relevant “Choosing Wisely” elements</p>	<p>None provided</p>
<p>Healthcare professional and/or patient resources</p>	<p>Healthcare Professional Information:</p> <p>http://www.uptodate.com/contents/medical-management-of-gastroesophageal-reflux-disease-in-adults?source=search_result&search=qerd&selectedTitle=1~150</p> <p>Patient Information:</p> <p>Patient information: Acid reflux (gastroesophageal reflux disease) in adults (Beyond the Basics) at http://www.uptodate.com/contents/acid-reflux-gastroesophageal-reflux-disease-in-adults-beyond-the-basics</p> <p>Patient information: Barrett's esophagus (Beyond the Basics) at http://www.uptodate.com/contents/barretts-esophagus-beyond-the-basics</p>