Ελληνικό Ίδρυμα Γαστρεντερολογίας και Διατροφής

Α' Πανεπιστημιακή Γαστρεντερολογική Κλινική

11η Ημερίδα

Σύγχρονη Γαστρεντερολογία - Ηπατολογία:

Από τις Κατευθυντήριες Οδηγίες στην Κλινική Πράξη

Θεόδωρος Βούλγαρης

Γαστρεντερολόγος

Εμ. Επιστημονικός Συνεργάτης Β’ Χ/Κ ΕΚΠΑ, Αρεταίειον Νοσοκομείο

Ανθεκτική ΓΟΠΝ: ορισμός – κατηγορίες, διαγνωστικοί - θεραπευτικοί χειρισμοί.

Updates to the modern diagnosis of GERD: Lyon consensus 2.0

Modern definition of actionable GERD in the context of presenting symptoms	Concept of 'actionable GERD'	Description of conclusive GERD where oesophageal testing supports revising, escalating or personalising GERD management

★ Typical symptoms of GERD consist of heartburn, oesophageal chest pain and regurgitation.

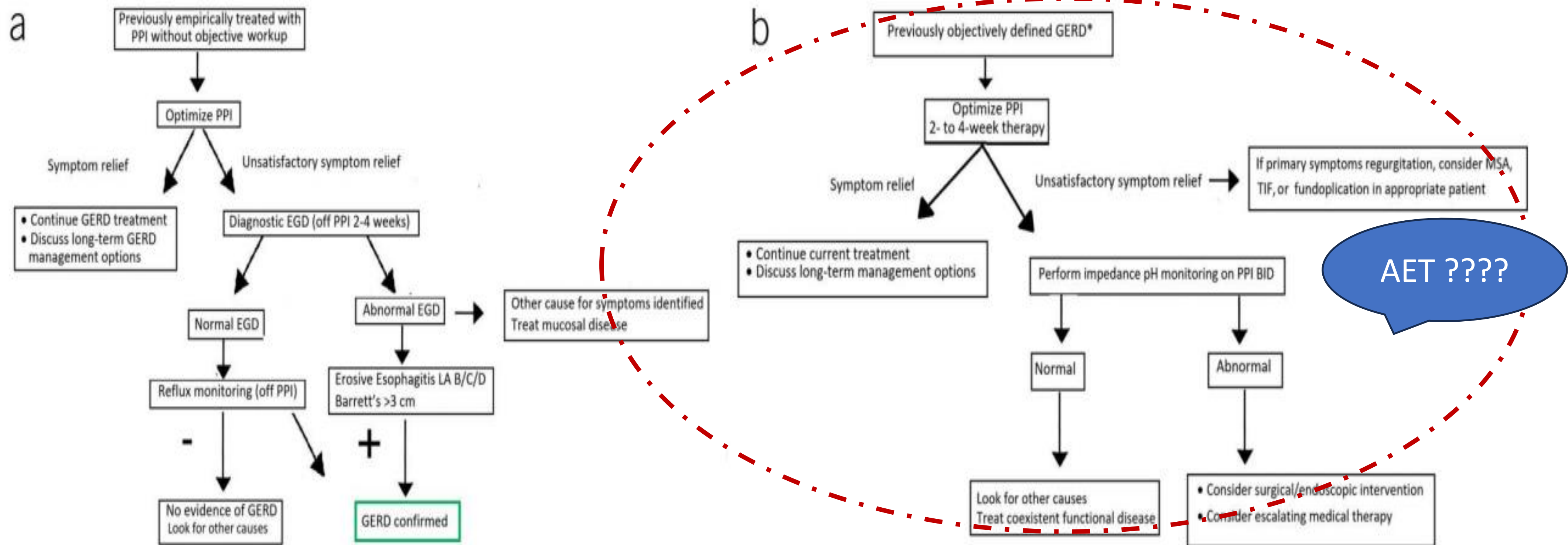
CME

ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease

persistent heartburn and/or regurgitation despite 8 weeks of double-dose PPI therapy

★ Other authorities consider persistent symptoms after 12 weeks on double-dose PPIs to be refractory GERD .

Ανθεκτική ΓΟΠΝ: ορισμός – κατηγορίες, διαγνωστικοί - θεραπευτικοί χειρισμοί.



We recommend esophageal impedance-pH monitoring performed ON PPIs for patients with an established diagnosis of GERD whose symptoms have not responded adequately to twice-daily PPI therapy.	Low	Conditional

Ανθεκτική ΓΟΠΝ: ορισμός – κατηγορίες, διαγνωστικοί - θεραπευτικοί χειρισμοί.

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	PROVEN GERD ENDOSCOPY, 24 HOUR pH IMPEDANCE *on therapy*
	ENDOSCOPY pH-IMPEDANCE
CONCLUSIVE EVIDENCE FOR PATHOLOGIC REFLUX	LA grades B, C&D esophagitis Peptic esophageal stricture AET>4%, reflux episodes>80 ★
BORDERLINE OR INCONCLUSIVE EVIDENCE	LA grade A esophagitis AET 1-4% Total reflux episodes 40-80/day MNBI 1500-2500 Ω
ADJUNCTIVE OR SUPPORTIVE EVIDENCE*	Hiatus hernia MNBI <1500 Ω Reflux symptom association
EVIDENCE AGAINST PATHOLOGIC REFLUX	AET<1% Total reflux episodes <40/day MNBI>2500 Ω

★ *Combination of AET>4% and >80 reflux episodes/day on an optimised antisecretory regimen is evidence for actionable refractory GERD.*

AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review

AET ????

BEST PRACTICE ADVICE 9: In symptomatic patients with proven GERD, clinicians should consider ambulatory 24-hour pHimpedance monitoring on PPI as an option to determine the mechanism of persisting esophageal symptoms despite therapy (if adequate expertise exists for interpretation).

Ανθεκτική ΓΟΠΝ: ορισμός – κατηγορίες, διαγνωστικοί - θεραπευτικοί χειρισμοί.

> Neurogastroenterol Motil. 2023 May;35(5):e14547. doi: 10.1111/nmo.14547. Epub 2023 Feb 13.

On-therapy impedance-pH monitoring can efficiently characterize PPI-refractory GERD and support treatment escalation

Marzio Frazzoni [1], Leonardo Frazzoni [2], Mentore Ribolsi [3], Salvatore Russo [1], Rita Conigliaro [1], Nicola De Bortoli [4], Edoardo Savarino [5]

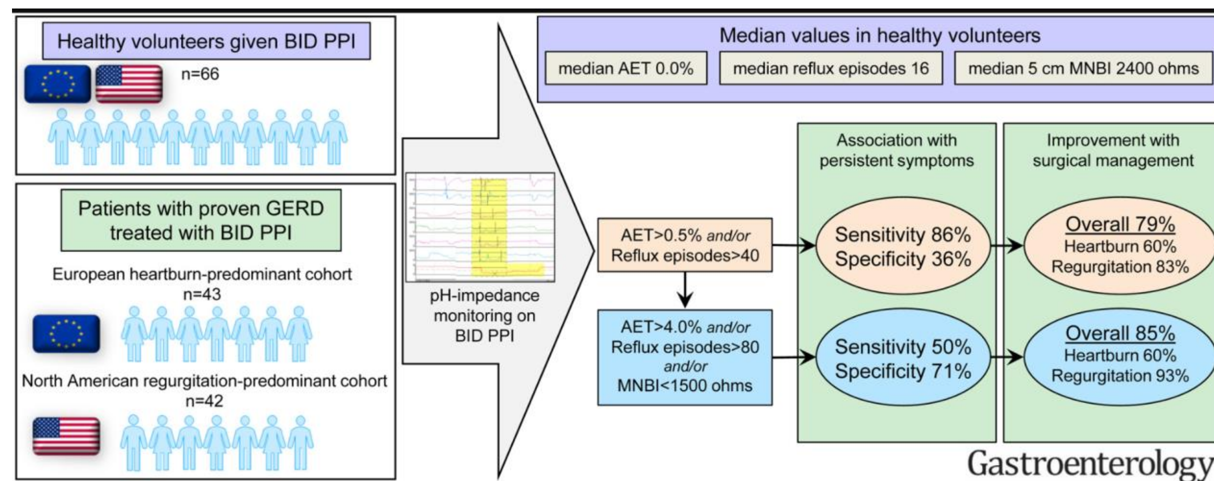
150 GERD patients with PPI-refractory heartburn and 45 GERD patients with PPI-responsive heartburn

best cut-offs were
≥1.7% for AET (AUC 0.66),
≥45 for TRs (AUC 0.71), ,
≤36% for PSPW index (AUC 0.73,), ,
and ≤ 1847 Ω for MNBI (AUC 0.68),

ORIGINAL RESEARCH | FULL REPORT: CLINICAL—ALIMENTARY TRACT · Volume 161, Issue 5, P1412-1422, November 2021

Value of pH Impedance Monitoring While on Twice-Daily Proton Pump Inhibitor Therapy to Identify Need for Escalation of Reflux Management

C. Prakash Gyawali [1] · Radu Tutuian [2] · Frank Zerbib [3] ... · Nicola de Bortoli [9] · Marcelo F. Vela [10] · Daniel Sifrim [11] ... Show more



Ανθεκτική ΓΟΠΝ: ορισμός – κατηγορίες, διαγνωστικοί - θεραπευτικοί χειρισμοί.

Updates to the modern diagnosis of GERD: Lyon consensus 2.0

In contrast, if prior conclusive GERD evidence exists, persisting symptoms on therapy require evaluation for refractoriness of acid or reflux burden despite management, which may include the need for escalation of therapy, endoscopic or surgical intervention.

AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review

BEST PRACTICE ADVICE 10: Clinicians should personalize adjunctive pharmacotherapy to the GERD phenotype, in contrast to empiric use of these agents. Adjunctive agents include alginate antacids for breakthrough symptoms, nighttime H2 receptor antagonists for nocturnal symptoms, baclofen for regurgitation or belch predominant symptoms, and prokinetics for coexistent gastroparesis.

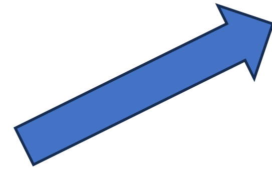
CME

ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease

We recommend optimization of PPI therapy as the first step in management of refractory GERD.	Moderate	Strong
For patients who have regurgitation as their primary PPI-refractory symptom and who have had abnormal gastroesophageal reflux documented by objective testing, we recommend consideration of antireflux surgery or TIF.	Low	Conditional

Υπάρχει θεραπεία για την μη όξινη παλινδρόμηση ή τον λειτουργικό καύσο;

ΜΗ ΟΞΙΝΗ ΠΑΛΙΝΔΡΟΜΗΣΗ



Ανθεκτική παλινδρομική νόσος στους ΑΑΠ με κυρίαρχο σύμπτωμα τις αναγωγές

Υπερευαίσθητος οισοφάγος

A3. Reflux Hypersensitivity

Definition

Reflux hypersensitivity identifies patients with esophageal symptoms (heartburn or chest pain) who lack evidence of reflux on endoscopy or abnormal acid burden on reflux monitoring, but show triggering of symptoms by physiologic reflux. Some patients fulfilling criteria potentially could respond to antireflux measures, however, the underlying pathogenesis is more consistent with esophageal hypersensitivity from a functional basis. Furthermore, overlap could exist between true GERD and reflux hypersensitivity, manifest as physiologic acid burden when monitored on PPI therapy, but as symptom reflux correlation between identified reflux events and symptom episodes.

λειτουργικό καύσο

A2. Functional Heartburn

Definition

Functional heartburn is defined as retrosternal burning discomfort or pain refractory to optimal antisecretory therapy in the absence of GERD, histopathologic mucosal abnormalities, major motor disorders, or structural explanations. The definition of functional heartburn has evolved

Υπάρχει θεραπεία για την μη οξινη παλινδρόμηση ή τον λειτουργικό καύσο

Gastroenterology 2016;150:1368–1379

SECTION II: FGIDs: DIAGNOSTIC GROUPS

Esophageal Disorders

Esophageal hypersensitivity

Acid exposure

Erosive esophagitis

NERD

Reflux hypersensitivity

Functional heartburn

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Gastroenterology 2016;150:1368–1379

SECTION II: FGIDs: DIAGNOSTIC GROUPS

Esophageal Disorders

Heartburn
Normal endoscopy and biopsies

Unproven GERD | Proven GERD

Off PPI — pH monitoring ± impedance
- Normal acid exposure, Negative symptom reflux association → Functional heartburn
- Normal acid exposure, Positive symptom reflux association → Reflux hypersensitivity
- Abnormal acid exposure, Positive or negative symptom reflux association → NERD

On PPI — pH impedance
- Normal acid exposure
  - Negative symptom reflux association → Functional heartburn
  - Positive symptom reflux association → Reflux hypersensitivity
  - (GERD overlap)
- Abnormal acid exposure → GERD

Υπάρχει θεραπεία για την μη οξινη παλινδρόμηση ή τον λειτουργικό καύσο

Gastroenterology 2016;150:1368–1379

SECTION II: FGIDs: DIAGNOSTIC GROUPS

Esophageal Disorders

Table 2. Pain Modulators for the Treatment of Functional Esophageal Disorders

Class of drug	Dose	Disorder	RCT	Side effects	Response
TCAs					
Imipramine	50 mg/day	NCCP	+	+/-	57%
Amitriptyline	10–20 mg/day	NCCP, globus	+	+/-	52%
SSRIs					
Sertraline	50–200 mg/day	NCCP	+	+	57%
Paroxetine	50–75 mg/day	NCCP	+	+/-	Modest
Citalopram	20 mg/day	ES	+	+/-	Significant
Trazodone					
Vs clomipramine	50/25 mg/day	NCCP	-	+	Modest
Trazodone alone	100–150 mg/day	dysmotility	+	+/-	29%–41%
SNRIs					
Venlafaxine	75 mg/day	NCCP	+	++	52%
Other					
Theophylline	200 mg twice/day	NCCP	+	+/-	58%
Gabapentin	300 mg 3 times/day	globus	+	+/-	66%

ES, esophageal hypersensitivity; RCT, randomized control trial; SNRI, serotonin norepinephrine reuptake inhibitor.

some patients with acid-sensitive esophagus may respond to standard or double-dose PPIs. However, patients with weakly acid– and non–acid reflux–triggered symptoms generally are refractory to PPIs. There is very limited evidence suggesting that acid- or weakly acid reflux–triggered symptoms refractory to PPI can respond to antireflux procedures

A small pilot study supported the role of hypnosis in a subset of patients. Psychological approaches such as behavioral modification, acupuncture, or relaxation therapy may be beneficial, despite the paucity of literature for use in functional heartburn.

AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review

BEST PRACTICE ADVICE 11: Clinicians should provide pharmacologic neuromodulation, and/or referral to a behavioral therapist for hypnotherapy, cognitive behavioral therapy, diaphragmatic breathing, and relaxation strategies in patients with functional heartburn or reflux disease associated with esophageal hypervigilance reflux hypersensitivity and/or behavioral disorders.

Πότε και πως πρέπει να ελέγχονται από τον γαστρεντερολόγο οι ασθενείς με θωρακικό άλγος;

Updates to the modern diagnosis of GERD: Lyon consensus 2.0

retrosternal chest pain may be interchangeable when responsive to empiric anti-secretory medication, especially after a cardiac etiology for chest pain is ruled out.

CME

ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease

In patients with chest pain who have had adequate evaluation to exclude heart disease, objective testing for GERD (endoscopy and/or reflux monitoring) is recommended.	Low	Conditional

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Updates to the modern diagnosis of GERD: Lyon consensus 2.0

Typical symptoms of GERD consist of heartburn, oesophageal chest pain and regurgitation.

CME

ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease

Typical symptoms of GERD consist of heartburn, oesophageal chest pain and regurgitation.	9	100

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Αιτίες μη καρδιακής αιτιολογίας θωρακικού πόνου (NCCP)

Μυοσκελετικης προέλευσης 36-49%

Γαστρεντερολογικής προέλευσης 2-19%

Ψυχιατρικής προέλευσης 5-11%

Νοσήματα μεσοθωρακίου-πνευμόνων 3-6%

Frieling T. Non-Cardiac Chest Pain. Visc Med. 2018

Πότε και πως πρέπει να ελέγχονται από τον γαστρεντερολόγο οι ασθενείς με θωρακικό άλγος;

Αιτίες μη καρδιακής αιτιολογίας θωρακικού πόνου (NCCP) οισοφαγικής προέλευσης

FassR, DickmanR. NeurogastroenterolMotil 2006.

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