GERD

Pre-Referral Considerations:

1. Management of GERD

    A. For mild and intermittent symptoms (fewer than two episodes per week- step up therapy. Lifestyle changes, weight loss, H-2 blocker and low dose PPI. Adjust every 2-4 weeks.

    B. For severe symptoms (more than 2 episodes/week) once daily standard dose PPI and step down after 8 weeks: Consider: poor compliance, Candida, pill-induced esophagitis, NSAID'

    C. For dyspepsia: consider H pylori testing (see referral guideline for dyspepsia

    D. Atypical Symptoms: consider ENT causes, Allergies, dyspepsia, atypical angina, biliary disease with appropriate evaluation

Indications for EGD:

1. EGD NOT required in presence of typical GERD symptoms of heartburn and regurgitation

    1. Recommend EGD:

        - If diagnosis is unclear
        - Heartburn AND alarm features (see red flags)- to rule out other diagnoses or complications of GERD
        - If history of erosive esophagitis to ensure healing and R/O Barrett's after 2 months PPI Rx
        - Screen for Barrett's esophagus in patients with multiple risk factors for esophageal
        - Cancer: chronic GERD, hiatal hernia, age >50. male, white, obese, intra-abdominal body fat distribution
        - Patient with typical GERD that persists despite 4-8 weeks of BID PPI Rx

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Refractory GERD Management Algorithm (from Uptodate):

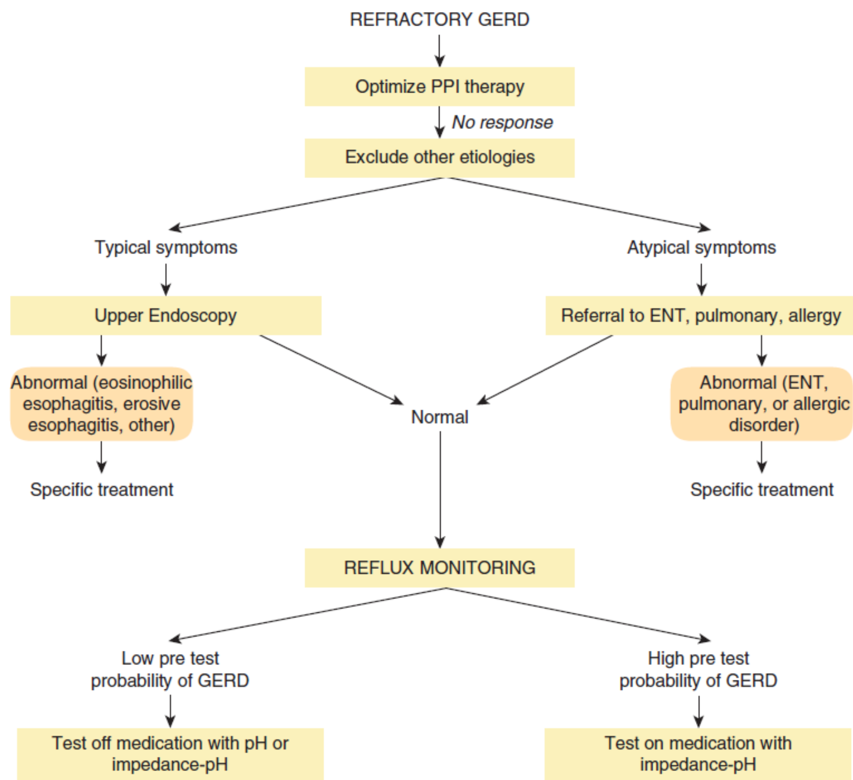

Figure 1. Algorithm for the evaluation of refractory gastroesophageal reflux disease (GERD). ENT, ear, nose, and throat; PPI, proton pump inhibitor.

Lab:

1. CBC, basic, if symptoms of persistent dyspepsia consider H pylori testing

Imaging:

1. None recommended. If nausea and epigastric pain consider biliary ultrasound

2. Tests to Avoid: CT, esophogram, UGI

Comments:

Include:

1. Patient information that is pertinent to the referral.
(Additional patient information that is not essential - should be submitted only if already part of the patient's record.)

a. Past history/ active problem list
b. Surgeries
c. Specific symptoms and signs related to condition
d. Medications- current, and prior (pertinent to diagnosis), allergies including PPI's duration and dosage, other medications tried
e. Prior evaluations /treatment (by other specialists, health care systems, etc) if prior EGD done elsewhere, with biopsy results if done.
f. pertinent family history
g. Risk factors: tobacco, alcohol,
h. list of providers (health care team)

2. Question to be answered
3. Consultation (Evaluate and Advise) vs Co-Management (PCP and Specialist to share care)

References:

https://www.uptodate.com/contents/medical-management-of-gastroesophageal-reflux-disease-in-adults?source=search_result&search=gerd&selectedTitle=2%7E150#H671602654
https://www.uptodate.com/contents/approach-to-refractory-gastroesophageal-reflux-disease-in-adults?source=related_link
http://annals.org/article.aspx?articleid=1470281
http://www.guideline.gov/content.aspx?id=37564&search=gerd