

# **Challenging Clinical Situations in GERD Management - a keypad voting**

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# GERD is increasing in Korea

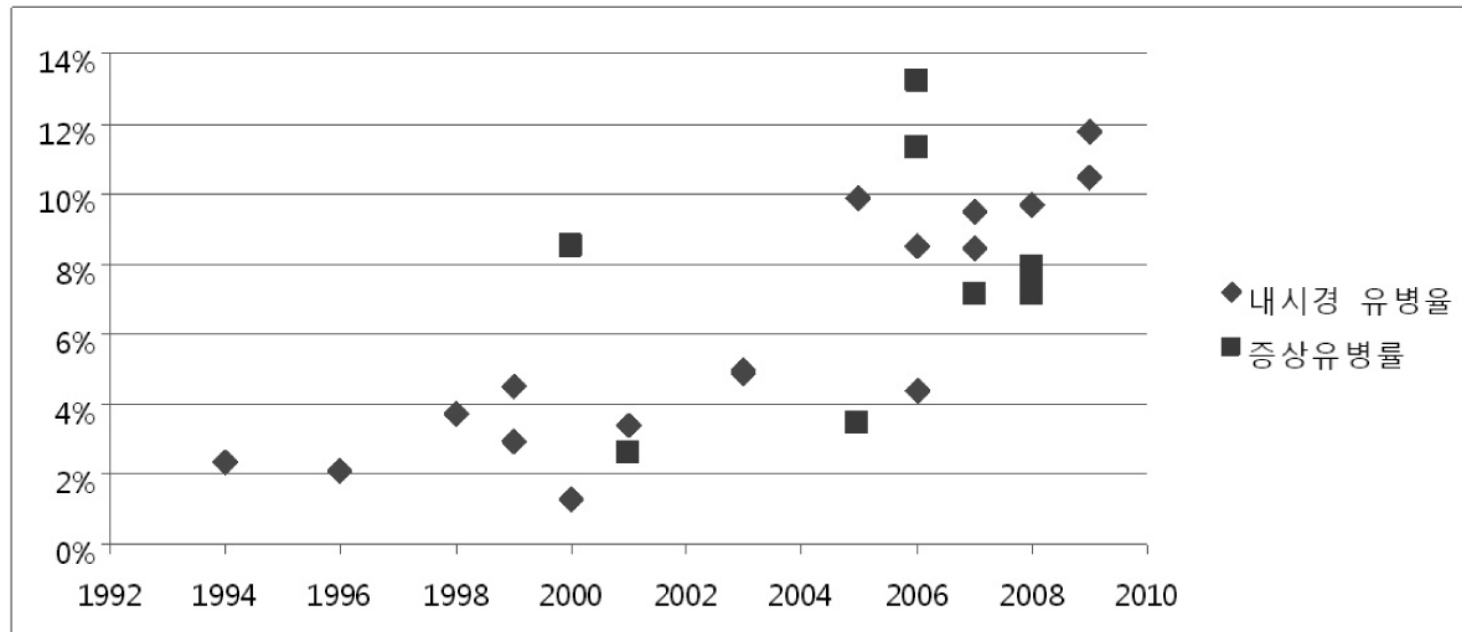
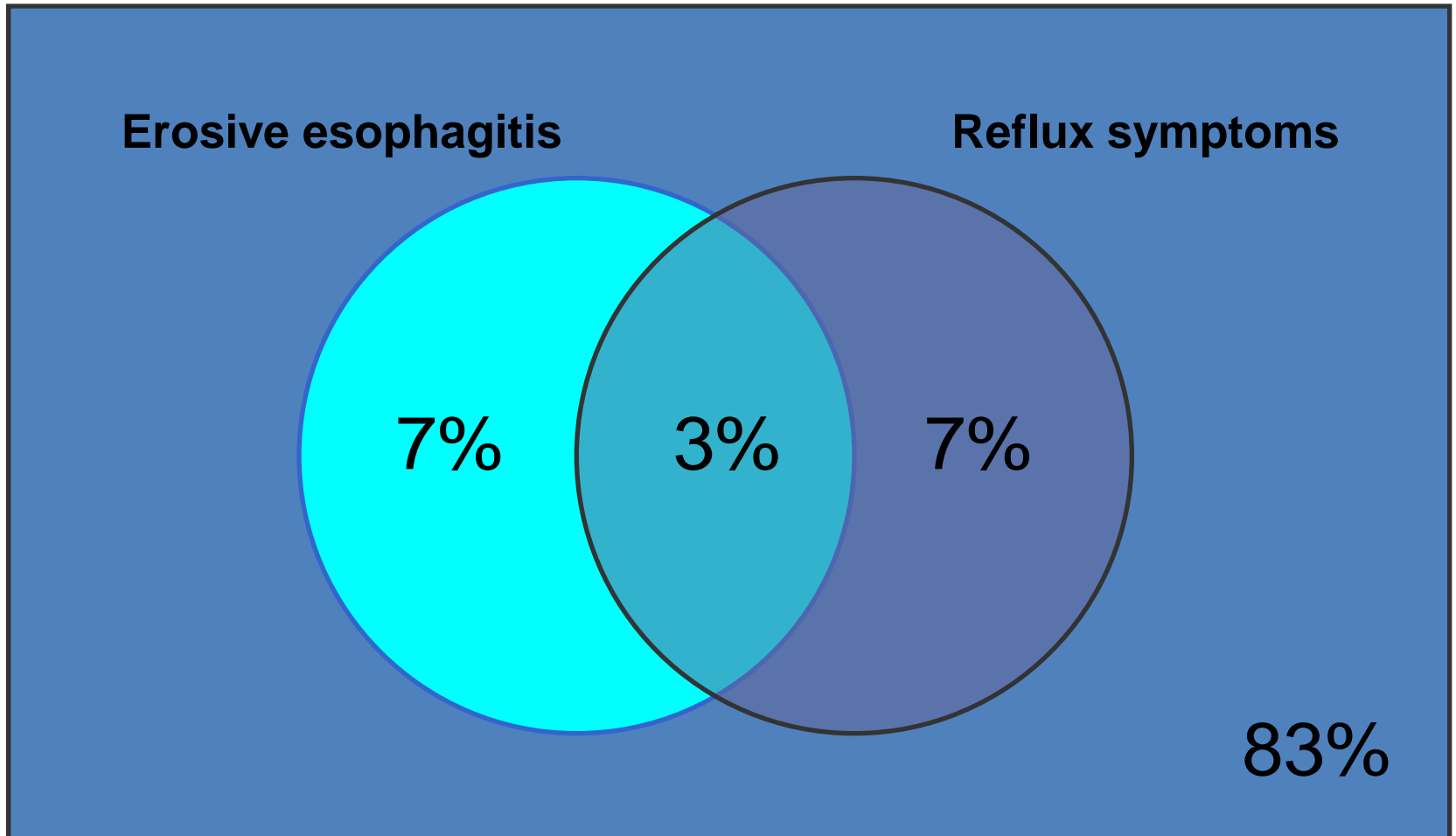
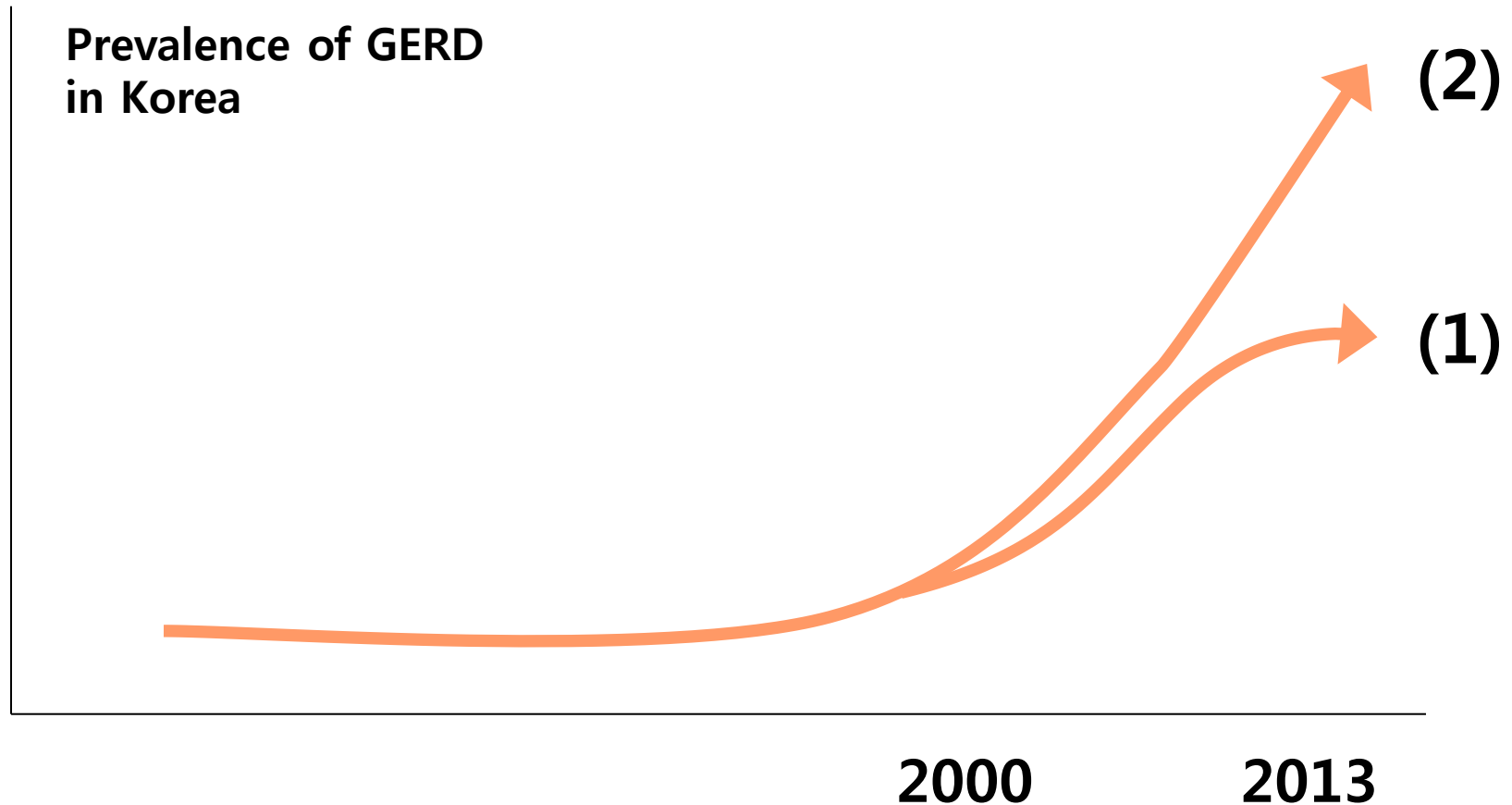


Fig. 1. Summary of epidemiology of gastroesophageal reflux disease in Korea.

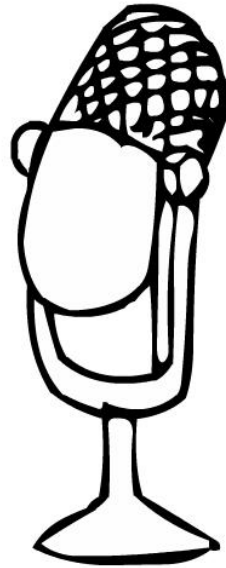
# Prevalence of GERD in health checkup



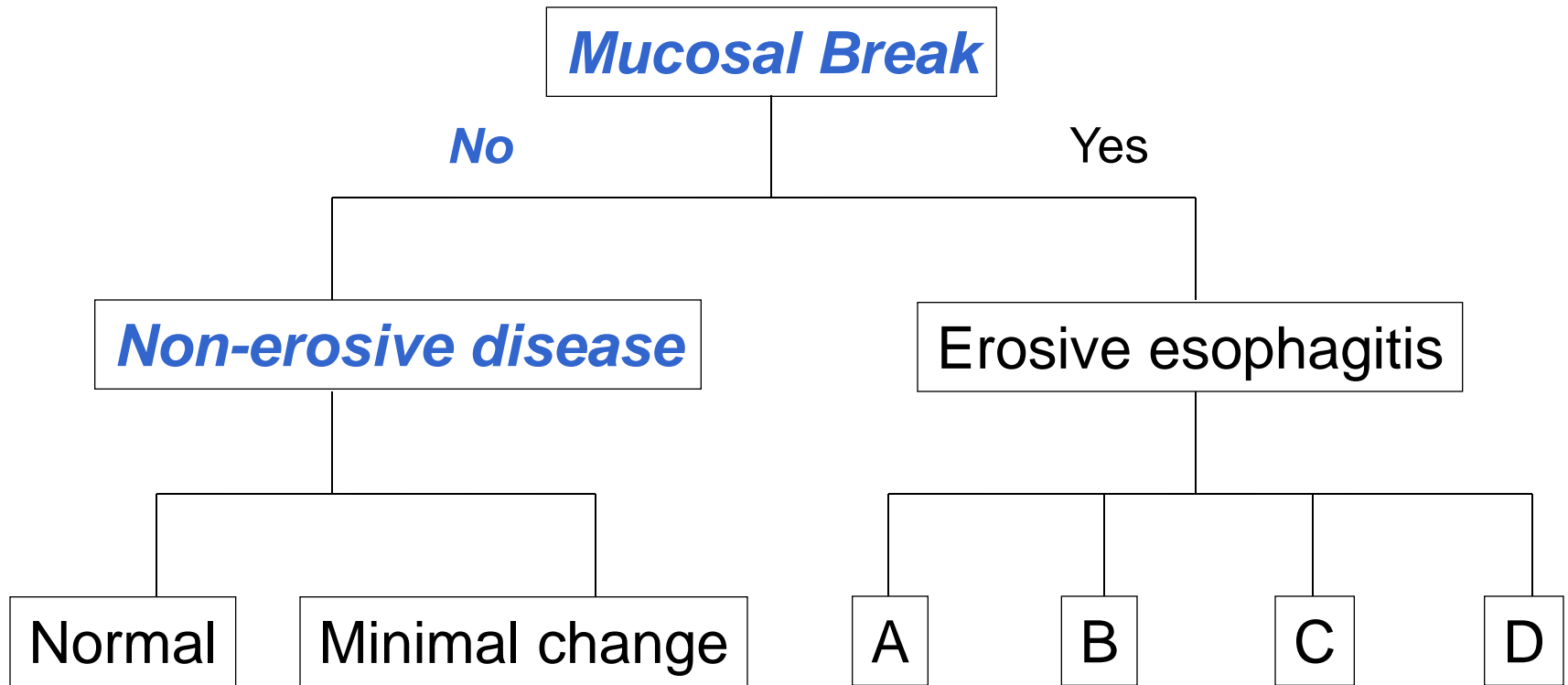
# Q1: 우리나라에서 위식도역류질환의 빈도는 더욱 증가할 것인가?



# 위식도역류질환 유병률 전망

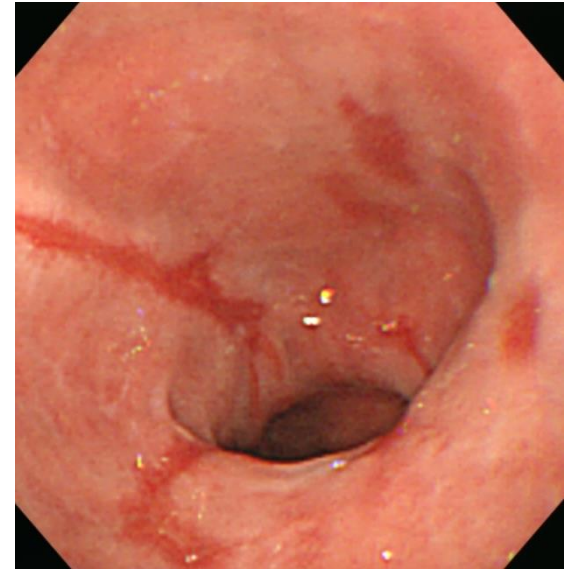
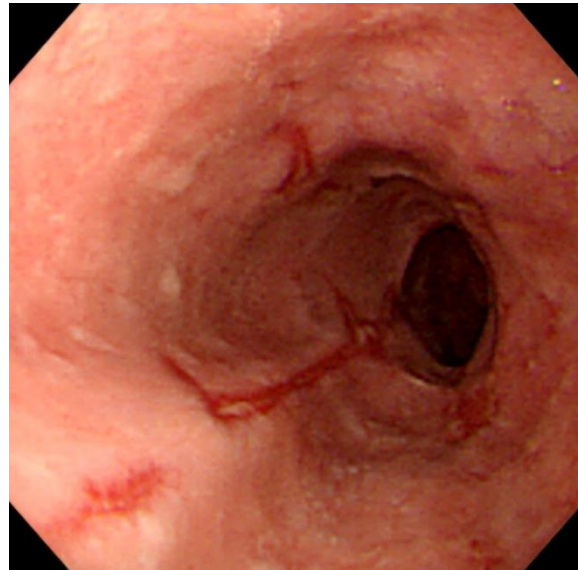
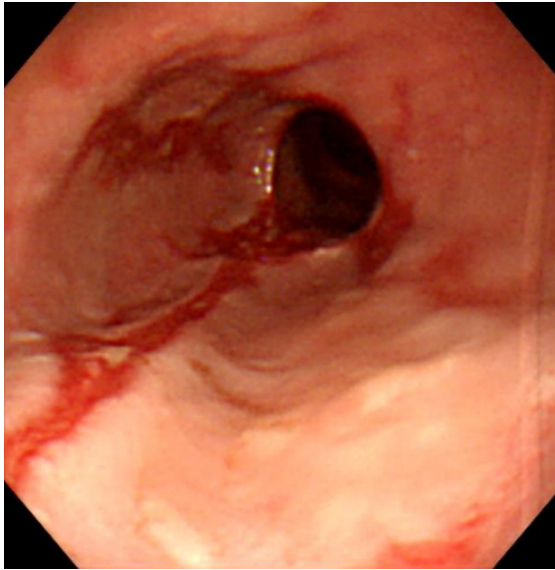


# 위식도역류질환의 분류



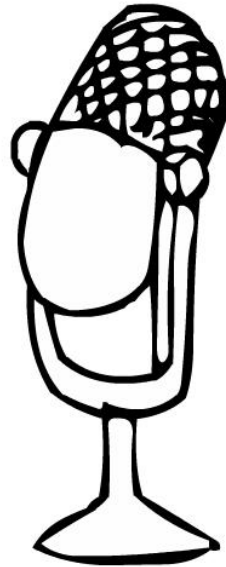
♣ Additional findings: Barrett esophagus, Stenosis, Ulcer , Bleeding, Sentinel fold

## Q2. 미란성 식도염의 LA 분류는?



1. Erosive esophagitis LA-A
2. Erosive esophagitis LA-B
3. Erosive esophagitis LA-C
4. Erosive esophagitis LA-D

# Minimal change와 LA 분류에 대한 의견





**Q3. 선생님 외래에서 위식도역류질환 환자  
중 비미란성 역류질환(NERD)의 비율은 대  
략 어느 정도입니까?**

1. 20% 혹은 그 이하
2. 30%
3. 40%
4. 50%
5. 60%
6. 70%
7. 80%
8. 90% 혹은 그 이상

## Q4. 위식도역류질환의 전형적 증세를 가진 환자의 내시경에서 점막결손(mucosal break)가 없으면 어떻게 하십니까?

1. 24시간 식도 산도검사를 시행한다.
2. 비약물요법을 권한다.
3. 진단목적의 PPI를 투여한다(= PPI test).
4. 증상조절목적의 H2RA 혹은 PPI를 투여한다.

## Q5. 선생님 외래의 위식도역류질환 환자에 서 nighttime heartburn의 빈도는?

1. 10% 혹은 그 이하
2. 20%
3. 30%
4. 40%
5. 50%
6. 60%
7. 70%
8. 80% 혹은 그 이상

# GAPS (GERD in Asia Pacific Survey)

 2 hours Focus Group Discussion (with GERD sufferers who are on PPI)

 Fieldwork: December 2011 to January 2012

 GERD Patients must:

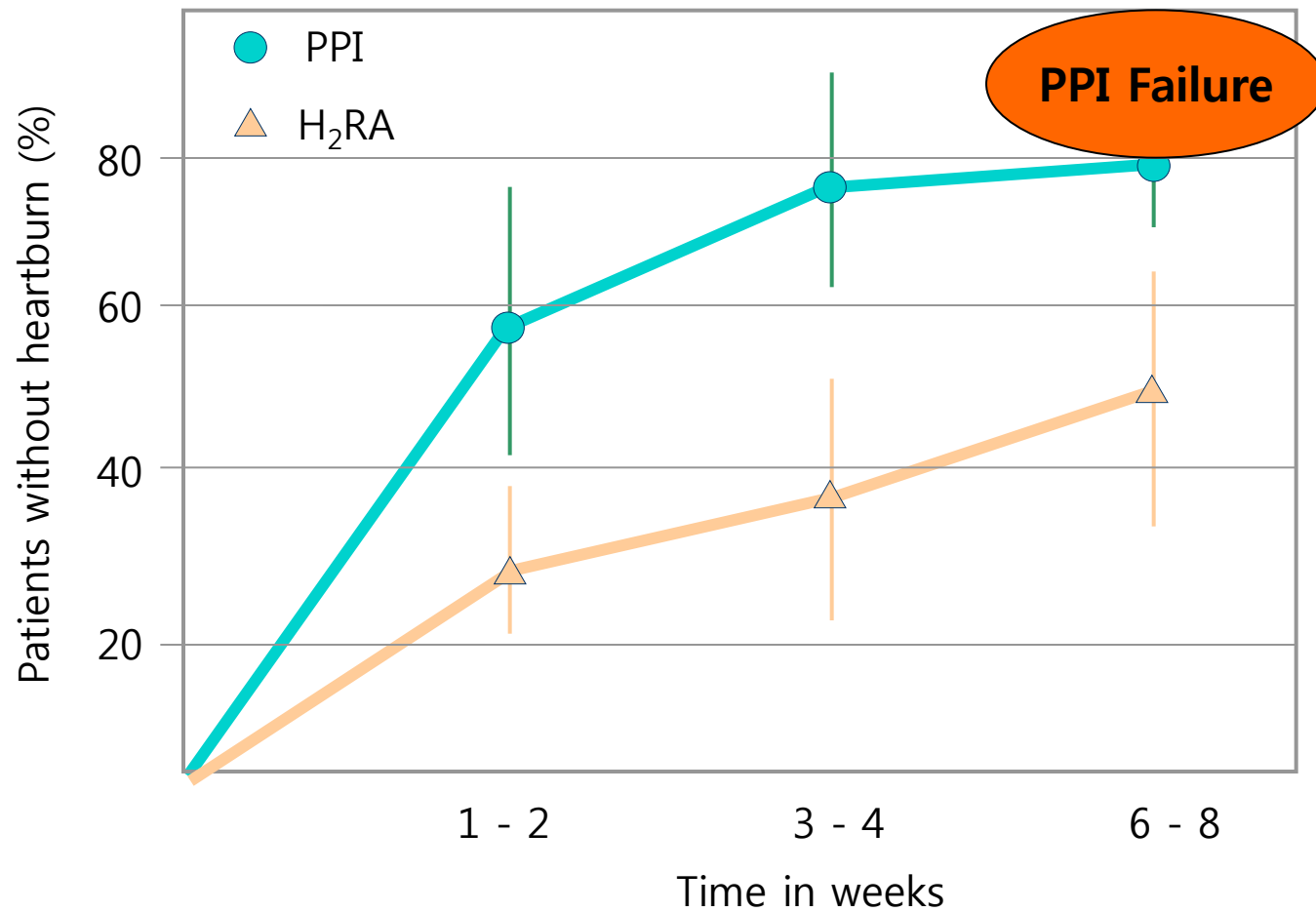
- Have suffered night time symptoms in the past 12 months
- Currently prescribed with PP

 Based on the diaries collected, patients suffer from more night time symptoms than morning and day time

- Average 2.6 nights with symptoms/ **Highest in KR, ID and TH (almost 3 nights)**

<i>No. of days experience symptoms in following timeframe for the past 5 days.</i>	<b>Total (118)</b>	<b>KR (22)</b>	<b>TW (24)</b>	<b>ID (24)</b>	<b>PH (25)</b>	<b>TH (23)</b>
<b>Morning Symptoms (Before 12 pm)</b>	1.7	<b>2.4</b>	1.6	2.0	1.1	1.3
<b>Afternoon Symptoms (12pm-6pm)</b>	1.7	<b>2.0</b>	1.9	1.6	1.4	1.7
<b>Night Symptoms (6pm to late night)</b>	2.6	<b>2.8</b>	2.3	2.9	2.4	2.7

# Refractory GERD



## Q6. 미란성 식도염 환자(EE)가 8주 표준용량 PPI에 증상호전이 없을 때, 다음으로 어떤 방법을 택하십니까?

1. PPI dose doubling
2. Changing PPI
3. Adding prokinetics
4. Adding H2RA
5. Adding mucosal protective agents
6. Adding anxiolytics
7. Others

# NERD: less responsive to PPI

**TABLE 3.** Comparison of Response to Proton Pump Inhibitor Treatment Between NERD and Erosive Esophagitis Patients

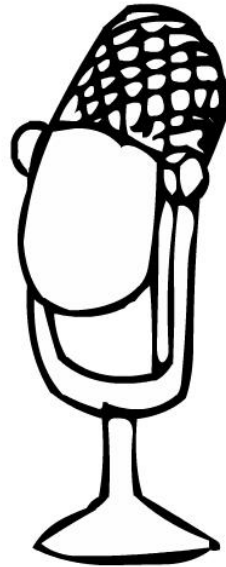
	<b>NERD</b>	<b>Erosive Esophagitis</b>
Symptom resolution (at 4 wk)	<u>50% to 60%</u>	<u>70% to 80%</u>
Lag time to sustained symptom relief	6 days	4 to 5 days
Symptomatic response to standard versus half dose	No difference	Increase

# Q7. 비미란성역류질환(NERD) 환자가 8주 표준용량 PPI에 증상호전이 없을 때, 다음으로 어떤 방법을 택하십니까?

1. PPI dose doubling
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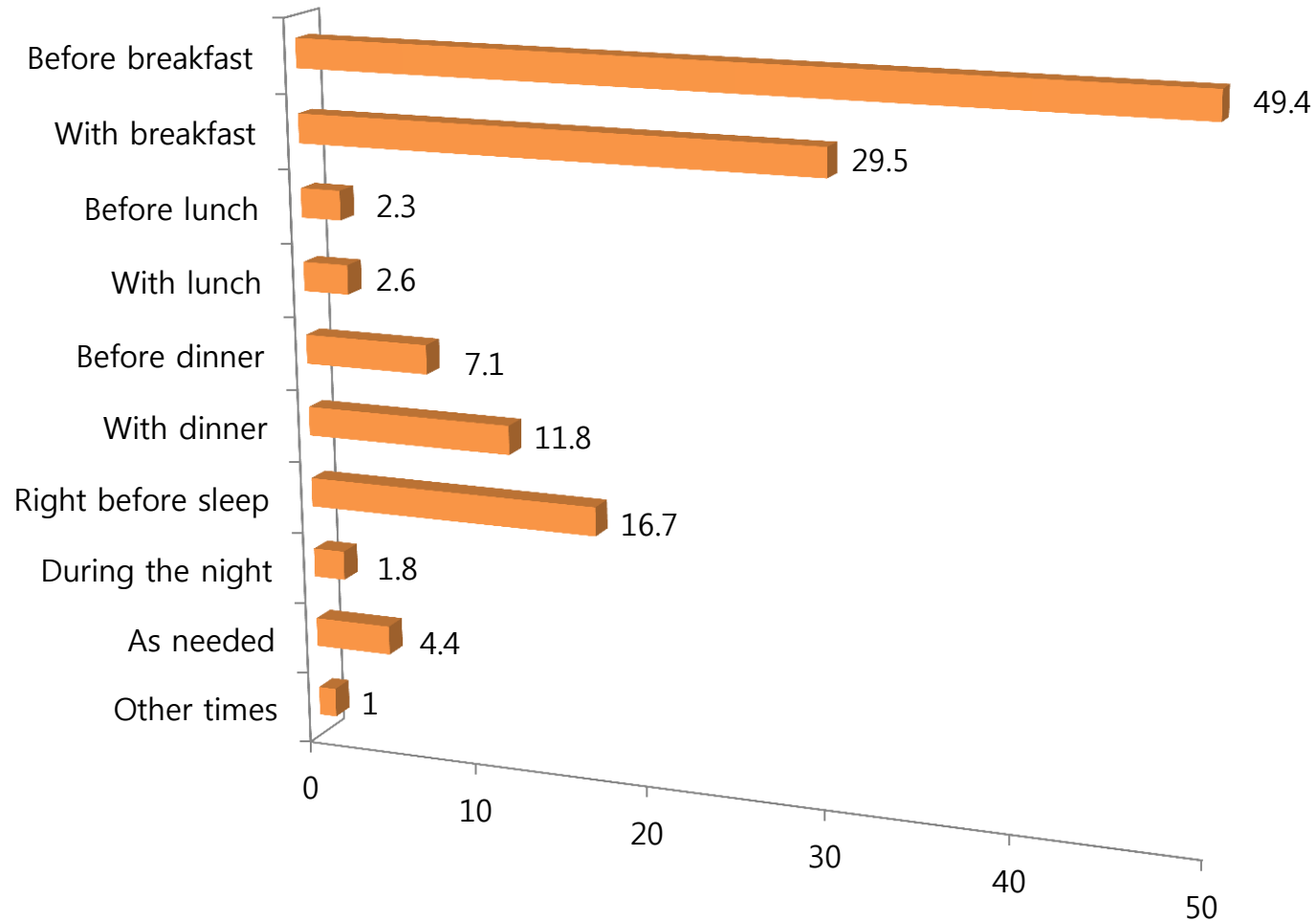
# Refractoriness에 대한 여러분의 의견



## Q8. 선생님 환자 중 어느 정도 환자가 아침 식전에 PPI를 드신다고 생각하십니까?

1. 20% 혹은 그 이하
2. 30%
3. 40%
4. 50%
5. 60%
6. 70%
7. 80%
8. 90%
9. 100%

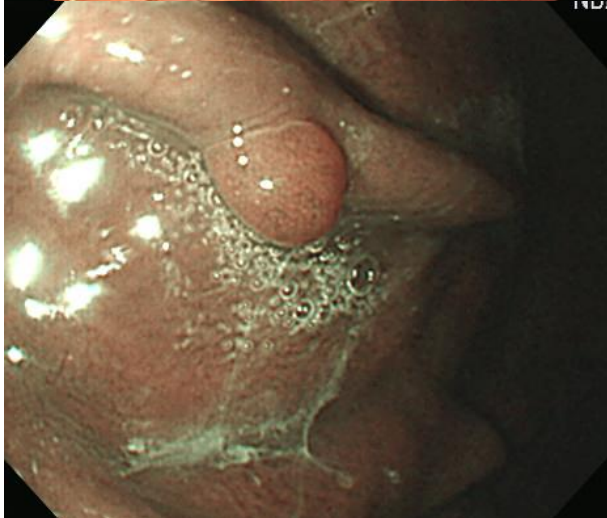
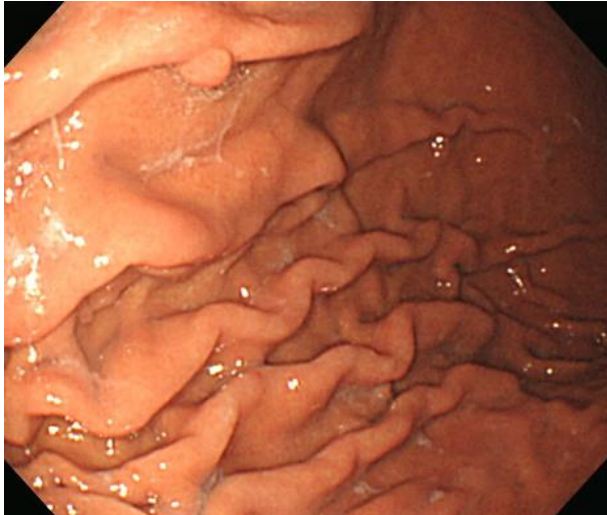
# 환자들은 언제 PPI를 먹고 있는가?



**Q9. 위저선용종(fundic gland polyp)이 없던 GERD 환자에서 PPI 사용 후 위저선용종이 발생한 것을 경험한 적이 있으십니까?**

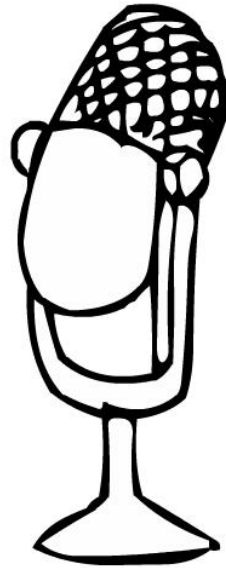
1. 경험한 적이 없다.
2. 경험한 적이 있다.

**Q10. PPI 복용 GERD 환자에서 발견된 용종이 조 직검사로 제거되었고 fundic gland polyp으로 진단되었습니다. 어떻게 하시겠습니까?**



1. H2RA로 변경한다.
2. 같은 PPI를 계속 사용한다.
3. PPI 종류를 바꾼다.

# 위저선 용종에 대한 의견





**경청해 주셔서 감사합니다.**