

In Gastroenterology

Ten Commandments

PEALS for control of GERD

Initial diagnosis of GERD is based on classical symptoms of bothersome retrosternal burning and regurgitation

Omeprazol test - give 20 mgs half hour before breakfast, for 8 weeks. If symptoms improve Diagnosis of GERD is confirmed. Discontinue treatment, for 2 to 4 weeks

If symptoms recur or in those patient's who's symptoms do not respond to omeprazole —get UGI Endoscopy to find out the cause.

Those patients who respond to omeprazol, but symptoms recur after stopping omeprazol, May again be started on PPI. Once response comes adjust to minimum dose or on demand therapy, when the symptoms recur. Many such patients need prolonged or lifelong PPI therapy

Most of patients who have severe esophagitis (LA Grade C-D) or Barrett's esophagus may need lifelong PPI therapy.

For non-responder get manometry

Patients on anti-platelet drugs or prolog NSAIDs should be prescribed PPI to prevent gastro duodenal injury and ulceration bleeding.

Patients with peptic Esophageal stricture should be given prolonged PPI therapy, to prevent recurrence of stricture after dilatation.

Life style modification may be useful in controlling symptoms Viz. weight reduction in overweight patients, elevation of head end of bed by 9" to reduce nocturnal symptoms, do not eat large amount of diet late in night, decrease or stop smoking and alcohol use.

Do not discontinue use of PPI's with a fear of adverse effects viz. Kidney failure, dementia, or bone fractures, reported in retrospective studies, and hype made by media .prescribe judiciously "IF INDICATED-DO GIVE PPI's without fear". Controlled trials do not show any adverse effects.

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