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GENERAL PRACTICE SUPERVISION AUSTRALIA

Gastro Oesophageal Reflux Disease (GORD)

Gastro Oesophageal Reflux Disease (GORD) is estimated to occur in 10–15 per cent of the population and is the most common GIT problem managed in Australian general practice. Typical symptoms of GORD include heartburn and regurgitation, but atypical symptoms also commonly occur. Chronic GORD poses the risk of serious pathology, including oesophageal stricture, Barrett's oesophagus and adenocarcinoma. GP registrars need to develop a safe approach to the assessment and management of GORD.

TEACHING AND LEARNING AREAS		• Pathophysiology of GORD • Typical and atypical symptoms of GORD • 'Red flag' (alarm) symptoms and signs, and indications for investigation • Approaches to management, both pharmacological and lifestyle • Complications of GORD - oesophagitis, Barrett's, stricture • Local referral pathways • Approach to diagnosis of GORD and differential diagnosis
PRE- SESSION ACTIVITIES		• Read the article Managing gastro-oesophageal reflux disease (GORD) in adults: an update
TEACHING TIPS AND TRAPS		• There is a poor correlation between symptoms and the severity of oesophagitis • GORD can cause a chronic cough as its only symptom • Always consider medications that may be causing/exacerbating symptoms • Endoscopy should be considered in patients who do not respond to a trial of PPIs, who have atypical or red flag symptoms, or where there is diagnostic uncertainty • Normal macroscopic findings at endoscopy are seen in almost two-thirds of patients with reflux symptoms • Eosinophilic oesophagitis should be considered in patients with dysphagia or refractory GORD, particularly young men with a history of food allergy or atopy • There is no evidence that routine screening for Barrett's oesophagus improves mortality, or is cost-effective • PPI dosing should be 30–60 minutes before a meal • Don't use PPIs long term in patients with uncomplicated disease without regular attempts at reducing dose or ceasing (Choosing Wisely recommendation) • Patients with Barrett's oesophagus need lifelong treatment with PPIs and regular monitoring
RESOURCES	**Read**	• 2016 Australian Prescriber article - The management of gastro-oesophageal reflux disease • 2011 Gastroenterological Society of Australia clinical guidance on GORD - GESA Clinical Update on GORD • 2015 RACGP AFP article - Gastro-oesophageal reflux disease (GORD) in Australian general practice patients • 2015 NPS MedicineWise News - Proton pump inhibitors - too much of a good thing?
FOLLOW UP/ EXTENSION ACTIVITIES		• GP registrar to discuss with the next 5-10 patients who present for an ongoing PPI script for uncomplicated GORD whether they have tried to step down or cease the medication (where appropriate) • Undertake the clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Genevieve is a 38-year-old university lecturer who presents with a two-month history of heartburn and occasional regurgitation.

QUESTION 1. What red flag (alarm) symptoms should be sought to exclude a potentially serious cause?

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Genevieve denies any other symptoms and examination is normal. You make a provisional diagnosis of GORD.

QUESTION 2. What investigations are required to confirm the diagnosis of GORD? List as many as required.

1 _____

QUESTION 3. What broad management strategies would you initially implement in managing Genevieve's GORD?

1 _____

2 _____

3 _____

4 _____

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ANSWERS

QUESTION 1

What red flag (alarm) symptoms should be sought to exclude a potentially serious cause?

- Recurrent vomiting
- Dysphagia or odynophagia
- Weight loss
- Evidence of gastrointestinal blood loss e.g. haematemesis, iron deficiency or anaemia
- Epigastric mass
- Age >50 years

Genevieve denies any other symptoms and examination is normal. You make a provisional diagnosis of GORD.

QUESTION 2

What investigations are required to confirm the diagnosis of GORD? List as many as required.

- Nil (Gastroscopy is not routinely indicated. Only approximately one third of patients with reflux symptoms have diagnostic endoscopic abnormalities.)

QUESTION 3

What broad management strategies would you initially implement in managing Genevieve's GORD?

- Reassurance and education
- Lifestyle measures – diet, weight loss, alcohol, caffeine, elevate head of bed
- Acid suppression medications
- Follow-up for resolution of symptoms

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