Medtronic

Clinical summary

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

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Background and Aims

Gastroesophageal reflux disease (GERD) remains one of the most common diseases seen by gastroenterologists, surgeons, and primary care physicians. There have been many recent advances in the diagnosis and treatment of GERD. The American College of Gastroenterology has provided updated guidelines for the evaluation and management of GERD.

Key Points

- GERD diagnosis is based on a complete evaluation of symptom presentation, esophageal mucosa, reflux monitoring, and response to therapeutic intervention.

- Barium radiographs are alone not sufficient for GERD diagnosis and have been shown to have poor sensitivity and specificity for GERD as compared to pH testing.

- Upper endoscopy is used to assess the esophageal mucosa and should be performed in patients with GERD symptoms and alarm symptoms and in patients with multiple risk factors for Barrett's esophagus. Endoscopic findings of erosive esophagitis (EE) and Barrett's esophagus are specific to GERD.

- LA (Los Angeles) grades of erosive esophagitis (EE) and GERD diagnosis:
  - Grade A – not sufficient for GERD diagnosis
  - Grade B – can be diagnostic of GERD when accompanied by GERD symptoms and PPI response
  - Grade C – almost always diagnostic of GERD
  - Grade D – indication of severe GERD in outpatients

- High Resolution Manometry alone may not be used to diagnose GERD but may be used to assess motility abnormalities related to GERD.

- High Resolution Manometry is recommended in refractory GERD if reflux monitoring and endoscopy are inconclusive.

- Ambulatory reflux monitoring contributes to GERD diagnosis and correlation of symptoms with reflux episodes.

- In patients for whom the diagnosis of GERD is suspected but not clear, and endoscopy shows no objective evidence of GERD, reflux monitoring is recommended to be performed off therapy to establish the diagnosis.

- Esophageal impendence-pH monitoring while on PPI therapy may be performed in established GERD patients who have not responded adequately to twice-daily PPI dosing: however, if a GERD diagnosis has not been established PPIs should be stopped for 7 days before reflux monitoring and before antireflux surgery or endoscopic therapy for GERD to document abnormal reflux.

- Esophageal pH monitoring for refractory GERD is recommended to be performed OFF PPIs if the diagnosis of GERD has not been established by a previous pH monitoring study or an endoscopy showing long-segment Barrett's esophagus or severe reflux esophagitis (LA grade C or D).