

evidence based guidelines

GASTROESOPHAGEAL REFLUX

Typical Symptoms

Burning in chest/throat especially after meals
Waterbrash (sour taste in back of throat)
Regurgitation
Pain with swallowing (odynophagia)
Food or pills getting "caught up" in lower neck or chest when swallowing (dysphagia)

Atypical Symptoms

Chronic cough
Hoarseness
Throat clearing
Chronic sore throat

Management

Send patients with "Red Flags" directly to EGD

Unexplained weight loss
Signs of GI bleeding
Dysphagia or Odynophagia at increased risk for cancer:

- Age over 55
- History of heavy Etoh and/or nicotine use
- Family history of gastric or esophageal cancer

Recommend lifestyle changes

Reduce triggers: caffeine, Etoh, nicotine, citrus/tomatoes, carbonation, spicy/greasy foods
Adjust eating habits: avoid eating before bed, eat smaller portions, eat more slowly,
Elevate head of bed: place 6-8 inch block under front feet of bed or use a wedge pillow
Weight loss (most surgical procedures for GERD are contraindicated if BMI >35-40)

Treat empirically with once or twice daily PPI for 4 weeks

If symptoms resolve, attempt taper to lower dose, switch to H2-blocker, or discontinue

Refer to Reflux Clinic

If patient does not respond to empiric therapy or has recurrent or refractory symptoms

APPROVED BY:

Quality & Care Management Committee,
Holland Physician Hospital Organization
Approved: July 23, 2020