

# Wakefield CCG Gastro-Oesophageal Reflux Disease (GORD)

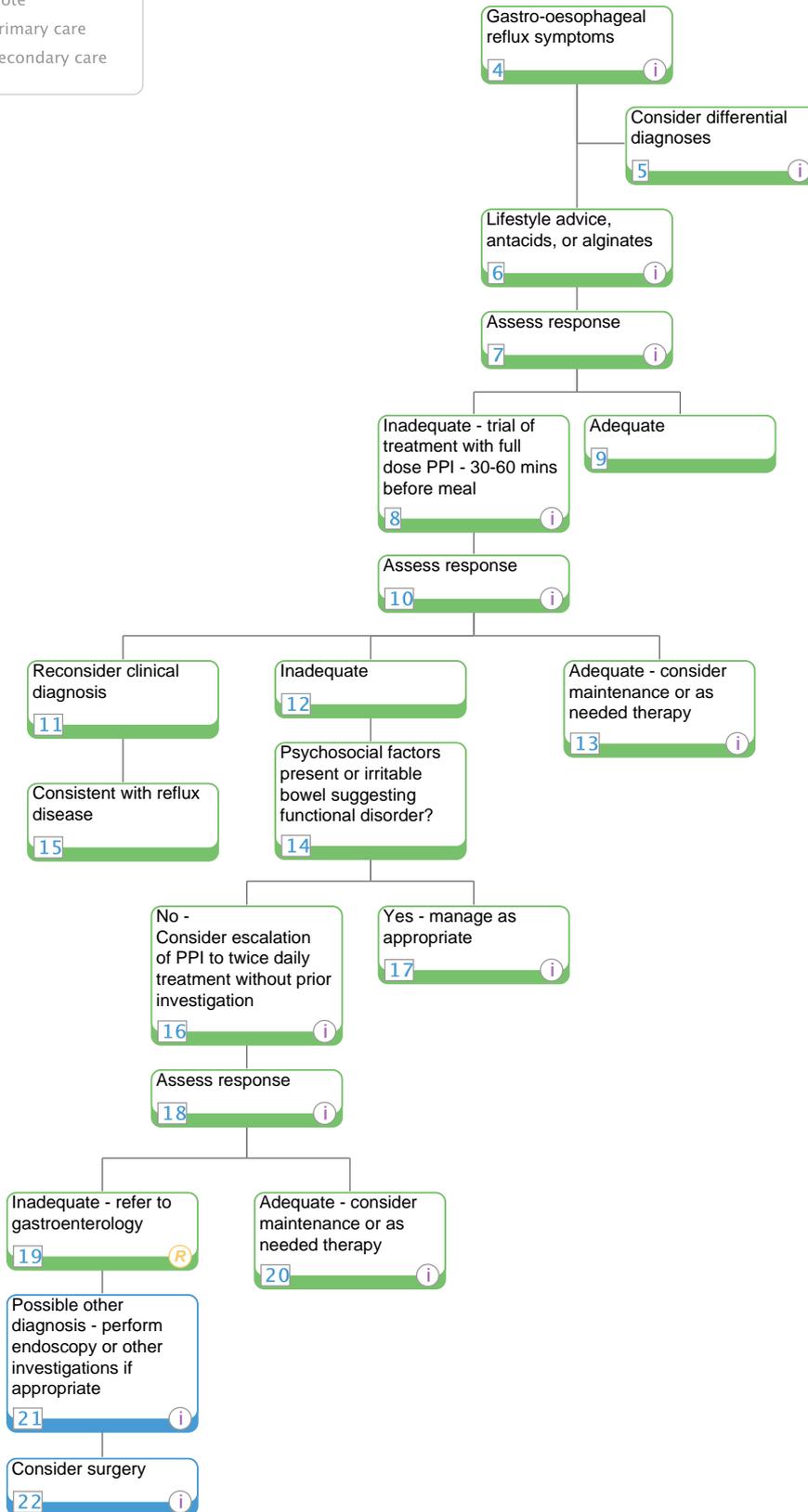
Wakefield CCG > Gastroenterology > Wakefield CCG Gastro-oesophageal reflux disease (GORD)

- i Information
- R Referral
- N National info
- L Local info
- Note
- Primary care
- Secondary care

Care map information  
1

Information resources for patients and carers  
2

Updates to this care map  
3



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# Wakefield CCG Gastro-Oesophageal Reflux Disease (GORD)

Wakefield CCG > Gastroenterology > Wakefield CCG Gastro-oesophageal reflux disease (GORD)

## 1 Care map information

Quick info:

Scope:

- primary care assessment and management of dyspepsia in adults
- indications for referral for endoscopy
- specialist management

Out of scope:

- pregnancy-associated dyspepsia

Definition:

- dyspepsia is defined as [1]:
  - upper abdominal pain or discomfort
  - heartburn
  - acid reflux
  - nausea
  - vomiting
- present for at least 4 weeks [2]

References:

[1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.

[2] Contributors representing the Royal College of Physicians; 2011.

## 2 Information resources for patients and carers

Quick info:

Recommended resources for patients and carers, produced by organisations certified by [The Information Standard](#):

- '[Dyspepsia \(indigestion\)](http://www.bupa.co.uk)' (URL) from Bupa at <http://www.bupa.co.uk>
- '[Dyspepsia \(indigestion\)](http://www.patient.co.uk)' (PDF) from Patient UK at <http://www.patient.co.uk>
- '[Indigestion \(dyspepsia\) in adults: understanding NICE guidance – information for people with dyspepsia, their families and carers, and the public](http://www.nice.org.uk)' from National Institute for Health and Clinical Excellence (NICE) at <http://www.nice.org.uk>
- '[Healthtalkonline](http://www.healthtalkonline.org/)' (URL) from DIPEX at <http://www.healthtalkonline.org/>
- '[Non-ulcer \(functional\) dyspepsia](http://www.patient.co.uk)' (PDF) from Patient UK at <http://www.patient.co.uk>

For details on how these resources are identified, please see Map of Medicine's document on [Information Resources for Patients and Carers](#) (URL).

## 3 Updates to this care map

Quick info:

Date of publication: 31-Jul-2013

This care map has been updated to include information on investigation of biopsies in line with:

- [7] Health Protection Agency (HPA). UK Standards for Microbiology Investigations: Investigation of Gastric Biopsies for *Helicobacter pylori*. London: HPA; 2012.

Information on eradication therapies has been added from:

- [12] Zullo A, De F, V, Hassan C et al. Modified sequential therapy regimens for *Helicobacter pylori* eradication: a systematic review. *Dig Liver Dis* 2013; 45: 18-22.
- [13] Di Caro S, Fini L, Daoud Y et al. Levofloxacin/amoxicillin-based schemes vs quadruple therapy for *Helicobacter pylori* eradication in second-line. *World J Gastroenterol* 2012; 18: 5669-78.

Please see the care map's Provenance for additional information on references, accreditations from national clinical bodies, contributors, and the editorial methodology.

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Wakefield CCG > Gastroenterology > Wakefield CCG Gastro-oesophageal reflux disease (GORD)

## 4 Gastro-oesophageal reflux symptoms

Quick info:

Gastro-oesophageal reflux disease (GORD) symptoms include troublesome [1,2,6]:

- heartburn
- regurgitation

References:

- [1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.
- [2] Contributors representing the Royal College of Physicians; 2011.
- [6] Clinical Knowledge Summaries (CKS). Dyspepsia - proven gastro-oesophageal reflux disease. November 2012. Newcastle upon Tyne: CKS; 2012.

## 5 Consider differential diagnoses

Quick info:

Consider differential diagnoses [2]:

- check for features suggestive of cardiac pain, eg:
  - association with exercise
  - radiation to arm
- musculoskeletal pain

References:

- [2] Contributors representing the Royal College of Physicians; 2011.

## 6 Lifestyle advice, antacids, or alginates

Quick info:

Consider the following:

- antacids and alginates produce rapid but short-term symptom relief [1]
- the impact of [2]:
  - concurrent disorder, eg irritable bowel syndrome (IBS)
  - psychological, social, and lifestyle issues
- antacids and alginates are safe for use in pregnant and lactating women [16]
- advise that long-term, frequent, and continuous use of antacid is inappropriate [3]

References:

- [1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.
- [2] Contributors representing the Royal College of Physicians; 2011.
- [3] Clinical Knowledge Summaries (CKS). Dyspepsia - proven non-ulcer. November 2012. Newcastle upon Tyne: CKS; 2012.
- [16] British Columbia Medical Association. Gastroesophageal reflux disease - clinical approach in adults. Vancouver, BC, CA: British Columbia Medical Association; 2010.

## 7 Assess response

Quick info:

Review upper gastrointestinal (GI) tract symptoms [2]:

- upper abdominal pain or discomfort [1]
- heartburn [1]
- acid reflux [1]
- nausea [1]

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Wakefield CCG > Gastroenterology > Wakefield CCG Gastro-oesophageal reflux disease (GORD)

- vomiting [1]

References:

- [1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.
- [2] Contributors representing the Royal College of Physicians; 2011.

## 8 Inadequate - trial of treatment with full dose PPI - 30-60 mins before meal

Quick info:

Attempt control of symptoms with a proton pump inhibitor (PPI) with lowest acquisition cost [2,6]:

- omeprazole
- lansoprazole
- pantoprazole
- rabeprazole
- esomeprazole

Reinforce lifestyle advice [2].

References:

- [2] Contributors representing the Royal College of Physicians; 2011.
- [6] Clinical Knowledge Summaries (CKS). Dyspepsia - proven gastro-oesophageal reflux disease. November 2012. Newcastle upon Tyne: CKS; 2012.

## 10 Assess response

Quick info:

Review upper gastrointestinal (GI) tract symptoms [2]:

- upper abdominal pain or discomfort [1]
- heartburn [1]
- acid reflux [1]
- nausea [1]
- vomiting [1]

References:

- [1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.
- [2] Contributors representing the Royal College of Physicians; 2011.

## 13 Adequate - consider maintenance or as needed therapy

Quick info:

Maintenance or 'as needed' therapy:

- offer proton pump inhibitor (PPI) at a dose sufficient to control symptoms [9]
- intermittently review symptoms and the need for continued treatment [2]:
- advise patient that PPI may be taken regularly [2] or as needed to manage symptoms [1]
- maintenance PPI treatment fails to control symptoms adequately in some patients [1,10,11]
- anti-reflux surgery may be an option for patients disinclined to take medication indefinitely [1,2]
- reinforce lifestyle advice [2]

References:

- [1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.
- [2] Contributors representing the Royal College of Physicians; 2011.

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Wakefield CCG > Gastroenterology > Wakefield CCG Gastro-oesophageal reflux disease (GORD)

[9] Donnellan C, Sharma N, Preston C et al. Medical treatments for the maintenance therapy of reflux oesophagitis and endoscopic negative reflux disease. Cochrane Database Syst Rev 2005; CD003245.

[10] El-Serag H, Becher A, Jones R et al. Systematic review: Persistent reflux symptoms on PPI therapy in primary care & community studies. Aliment Pharmacol Therap 2010; 32: 720-37.

[11] Raghunath AS, Hungin APS, Mason J et al. Symptoms in patients on long-term proton pump inhibitors: prevalence and predictors. Aliment Pharmacol Therap 2009; 29: 431-9.

## 16 No - Consider escalation of PPI to twice daily treatment without prior investigation

Quick info:

Quick info: high dose PPI for one month, if not responding then make referral for opinion 4-6 weeks then review. The relative merits of further investigation and increasing treatment are uncertain [2].

Reference:

[2] Contributors representing the Royal College of Physicians; 2011.

## 17 Yes - manage as appropriate

Quick info:

Reflux symptoms in patients with psychosocial co-morbidity or irritable bowel syndrome [2]:

- symptoms may respond poorly to acid suppression
- ensure adequate attention is given to psychosocial factors and other co-morbidities, as well as treating reflux symptoms
- the continued use of acid suppression is at the discretion of the physician, depending on symptomatic response

Consider referral to specialist if troublesome symptoms persist [1].

References:

[1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.

[2] Contributors representing the Royal College of Physicians; 2011.

## 18 Assess response

Quick info:

Review upper gastrointestinal (GI) tract symptoms [2]:

- upper abdominal pain or discomfort [1]
- heartburn [1]
- acid reflux [1]
- nausea [1]
- vomiting [1]

References:

[1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.

[2] Contributors representing the Royal College of Physicians; 2011.

## 20 Adequate - consider maintenance or as needed therapy

Quick info:

Maintenance or 'as needed' therapy:

- offer proton pump inhibitor (PPI) in a dose sufficient to control symptoms [9]
- intermittently review symptoms and the need for continued treatment with a view to stepping down [2]
- advise patient that PPI may be taken:
  - regularly; or [2]

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Wakefield CCG > Gastroenterology > Wakefield CCG Gastro-oesophageal reflux disease (GORD)

- as needed to manage symptoms [1]
- reinforce lifestyle advice [2]
- Prescribe low acquisition cost PPIs (lansoprazole capsules, omeprazole capsules & pantoprazole tablets) in preference to high acquisition cost, there is no evidence that any one PPI is more effective than another [3]

References:

- [1] National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. Clinical guideline 17. London: NICE; 2004.
- [2] Contributors representing the Royal College of Physicians; 2011.
- [3] Wolverhampton City Primary Care Trust Management of Infection - Guidance for Primary Care 2011.  
[http://medicines.wolvespct.nhs.uk/formulary/documents/Antibiotics/Gastro-intestinal\\_tract\\_infections.pdf](http://medicines.wolvespct.nhs.uk/formulary/documents/Antibiotics/Gastro-intestinal_tract_infections.pdf)
- [9] Donnellan C, Sharma N, Preston C et al. Medical treatments for the maintenance therapy of reflux oesophagitis and endoscopic negative reflux disease. Cochrane Database Syst Rev 2005; CD003245.

## 21 Possible other diagnosis - perform endoscopy or other investigations if appropriate

Quick info:

Quick info: Despite symptoms that seem consistent with reflux disease, combined pH and impedance monitoring may refute this diagnosis in up to 50% of patients [2].

Consider the need for other investigations, eg:

- pH monitoring [2]
- combined pH and impedance monitoring [2]
- endoscopy [2]
- radiology [2]

References:

- [2] Contributors representing the Royal College of Physicians; 2011.
- [12] Mainie I, Tutuian R, Shay S et al. Oesophagus: Acid and non-acid reflux in patients with persistent symptoms despite acid suppressive therapy: a multicentre study using combined ambulatory impedance-pH monitoring. Gut 2006; 55: 1398-402.
- [13] Zerbib F, Roman S, Ropert A et al. Esophageal pH-impedance Monitoring and Symptom Analysis in GERD: A Study in Patients off and on Therapy. Am J Gastroenterol 2006; 101: 1956-63.

## 22 Consider surgery

Quick info:

Consider anti-reflux surgery for patients with symptoms that do respond to conservative therapy [17]:

- laparoscopic fundoplication
- endoluminal gastroplication:
  - reduces medication requirement in the short-term
  - other efficacy improvements are inconclusive
  - may only be used with special arrangements for clinical governance, consent, and audit or research

Reference:

- [17] National Institute for Health and Clinical Excellence (NICE). Endoluminal gastroplication for gastro-oesophageal reflux disease. Interventional procedure guidance 404. London: NICE; 2011.

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Wakefield CCG > Gastroenterology > Wakefield CCG Gastro-oesophageal reflux disease (GORD)

## Key Dates

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