Gastro-oesophageal reflux symptoms

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

Assess response

Adequate - consider maintenance or as needed therapy

Lifestyle advice, antacids, or alginate

Assess response

Inadequate - refer to gastroenterology

Possible other diagnosis - perform endoscopy or other investigations if appropriate

Consider surgery

Adequate - consider maintenance or as needed therapy

Consider differential diagnoses

Psychosocial factors present or irritable bowel suggesting functional disorder?

No - consider escalation of PPI to twice daily treatment without prior investigation

Assess response

Yes - manage as appropriate

Consistent with reflux disease

Reconsider clinical diagnosis

Updates to this care map

Information resources for patients and carers

Care map information


This care map was published by Wakefield. A printed version of this document is not controlled so may not be up-to-date with the latest clinical information.
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:

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)' (URL) from Bupa at http://www.bupa.co.uk
• 'Dyspepsia (indigestion)' (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' from National Institute for Health and Clinical Excellence (NICE) at http://www.nice.org.uk
• 'Healthtalkonline' (URL) from DIPEX at http://www.healthtalkonline.org/
• 'Non-ulcer (functional) dyspepsia' (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:
Information on eradication therapies has been added from:
Please see the care map’s Provenance for additional information on references, accreditations from national clinical bodies, contributors, and the editorial methodology.
4 Gastro-oesophageal reflux symptoms

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

• heartburn
• regurgitation

References:

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:

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:

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]
Wakefield CCG Gastro-Oesophageal Reflux Disease (GORD)

- vomiting [1]

References:

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:

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:

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:
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:

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:

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:

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]
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:


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:
Wakefield CCG Gastro-Oesophageal Reflux Disease (GORD)

Key Dates

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