REBELLIOUS MEDIC · GASTROENTEROLOGY ALGORITHM SERIES

Gastroesophageal Reflux Disease

Diagnosis, lifestyle/PPI management, extraesophageal symptoms, refractory GERD, and surgical options.

2022 ACG Clinical Guideline
Diagnosis & Management of GERD
Katz et al. · Am J Gastroenterol 2022;117:27–56

GRADE — Strong Rec — Conditional Rec

1 Diagnosis

STATEMENT	GRADE
Classic heartburn/regurgitation, no alarm symptoms: **8-week empiric PPI trial** once daily before a meal	1 · Strong
Attempt PPI discontinuation if classic symptoms respond to the 8-week empiric trial	2 · Conditional
Chest pain with heart disease excluded: **objective testing** (endoscopy and/or reflux monitoring)	2 · Conditional
Against barium swallow solely as a diagnostic test for GERD	2 · Conditional
Endoscopy first for dysphagia, alarm symptoms (weight loss, GI bleeding), or multiple Barrett's risk factors	1 · Strong
Suspected but unclear GERD with negative endoscopy: **reflux monitoring off therapy** to establish diagnosis	1 · Strong
Against reflux monitoring off therapy solely as a diagnostic test in known LA grade C/D esophagitis or long-segment Barrett's	1 · Strong

2 GERD Management — Lifestyle & PPI Therapy

STATEMENT	GRADE
Weight loss in overweight/obese patients to improve GERD symptoms	1 · Strong
Suggest avoiding meals **2–3h before bedtime**, tobacco/smoking, "trigger foods," and elevating head of bed for nighttime symptoms	2 · Conditional
PPI over H2RA for healing and maintenance of healing of erosive esophagitis (EE)	1 · Strong
PPI dosed 30–60 min before a meal, not at bedtime, for symptom control	1 · Strong
No EE/Barrett's, symptoms resolved on PPI: **attempt discontinuation**	2 · Conditional
Maintenance therapy: use the **lowest effective PPI dose**	2 · Conditional
Against routine addition of other medical therapies in PPI nonresponders	2 · Conditional
LA grade C/D esophagitis: indefinite maintenance PPI or antireflux surgery	1 · Strong
Against baclofen without objective evidence of GERD; **against prokinetics** unless objective gastroparesis; **against sucralfate** except in pregnancy	1 · Strong
On-demand/intermittent PPI for heartburn control in nonerosive reflux disease (NERD)	2 · Conditional

3 Extraesophageal Symptoms

STATEMENT	GRADE
Evaluate non-GERD causes before ascribing extraesophageal symptoms to GERD	1 · Strong
Extraesophageal symptoms **without** typical GERD symptoms: **reflux testing before PPI** therapy	1 · Strong
Both extraesophageal and typical symptoms: consider **BID PPI trial 8–12 weeks** before further testing	2 · Conditional
Against endoscopy alone to diagnose GERD-related asthma, chronic cough, or LPR; **against LPR diagnosis by laryngoscopy alone**	2 · Conditional
Surgical/endoscopic antireflux procedures **only with objective evidence** of reflux	2 · Conditional

4 Refractory GERD

STATEMENT	GRADE
Optimize PPI therapy as the first step in refractory GERD management	1 · Strong
pH monitoring OFF PPI if diagnosis not previously established (and no long-segment Barrett's/LA C-D esophagitis)	2 · Conditional
Impedance-pH monitoring ON PPI for established GERD with inadequate response to BID PPI	2 · Conditional
PPI-refractory **regurgitation** with abnormal objective reflux testing: consider **antireflux surgery or TIF**	2 · Conditional

5 Surgical & Endoscopic Options

STATEMENT	GRADE
Antireflux surgery by an experienced surgeon — best for severe esophagitis (LA C/D), large hiatal hernia, or persistent troublesome symptoms	1 · Strong
Magnetic sphincter augmentation (MSA) as an alternative to fundoplication for regurgitation failing medical management	1 · Strong
Roux-en-Y gastric bypass as a GERD treatment option in eligible obese candidates	2 · Conditional
Cannot recommend Stretta (radiofrequency) — inconsistent, highly variable efficacy data	2 · Conditional
TIF for troublesome regurgitation/heartburn without severe esophagitis or large hiatal hernia (>2cm), if avoiding surgery	2 · Conditional

Katz PO, Dunbar KB, Schnoll-Sussman FH, et al. ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. *Am J Gastroenterol.* 2022;117(1):27–56.