

如何處理頑抗性胃食道逆流疾病

How to manage refractory GERD

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Abstract

About a third of the patients with gastroesophageal reflux disease (GERD) taking proton pump inhibitor (PPI) once daily have failed or partial response to PPIs treatment. There are several factors that contribute to PPI failure, including acid reflux, weakly acidic and weakly alkaline reflux, esophageal hypersensitivity, functional GI disorders, and psychological comorbidities. Ascertaining the proper diagnosis of GERD is important, since PPI failure may be caused by non-GERD factors. Evaluation for proper compliance and adequate dosing time of PPIs should be the initial management step before ordering other diagnostic tests. Doubling the PPI dose or switching to another PPI is the second step of management. Upper endoscopy and pH testing appear to have limited diagnostic value in patients who failed PPI treatment. In contrast, esophageal impedance with pH testing (multichannel intraluminal impedance MII-pH) on or off therapy appears to provide the most insightful information about the subsequent management of these patients. In general, treatment should be tailored to the specific underlying mechanism of patient's PPI failure. For those who have weakly acidic or weakly alkaline reflux as the underlying cause of their residual symptoms, transient lower esophageal sphincter relaxation reducers, endoscopic treatment, antireflux surgery should be considered. In those with functional heartburn, pain modulators are the choice of therapy.