

中文題目：菸酒使用對胃食道逆流量表診斷糜爛性食道炎的影響

英文題目：The Influence of Alcohol Consumption and Cigarette Smoking on the Diagnostic Value of Gastroesophageal Reflux Disease Questionnaire (GerdQ) in Subjects with Erosive Esophagitis

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**Background:** Gastro-esophageal reflux disease (GERD) is one of the most common disease in global populations. The GerdQ is a validated questionnaire for the diagnosis of GERD and also showed specific role to predict treatment response. Previous study found patients with erosive esophagitis had higher GerdQ score as compared with non-erosive esophagitis. However, the influence of alcohol consumption and cigarette smoking on the GerdQ score is unknown. Our study aimed to evaluate the diagnostic cut-off score for erosive esophagitis by GerdQ, including subjects with alcohol consumption and cigarette smoking.

**Methods:** From December 2014 to December 2015, 520 subjects, received esophagogastroduodenoscopy (EGD) for GERD symptoms at Kaohsiung Medical University Hospital, were enrolled in this study. All subjects completed GerdQ as well as questionnaire for personal history before EGD examination. To investigate the diagnostic value of Chinese GerdQ in subjects with substance use, we divided subjects into 2 groups, including non-users (control group) and substance-users (alcohol and cigarette), and calculated the cut-off score, which gave the best balance with regard to sensitivity and specificity for erosive esophagitis, in each groups separately.

**Results:** Among the 520 patients, there were 352 non-users and 168 substance-users. Erosive esophagitis was diagnosed in 306 subjects (59%) and most patient had Los Angeles grades A esophagitis (93%). The GerdQ cut-off score were  $\geq 9$  in 520 subjects and this cut-off score predicted esophagitis with a sensitivity and specificity of 68% and 41% respectively. As dividing whole subjects into non-user and substance-users, the cut-off score for esophagitis was  $\geq 12$  in substance-users and this score increased specificity from 49% to 63% and decreased sensitivity from 62% to 50% as compared with cut-off score 8.5. The cut-off score in non-user was 8.5, which was the same as whole subjects, and the sensitivity and specificity were 70% and 38% respectively. A GerdQ cut-off score  $\geq 12$  provided a higher positive predictive value comparing as cut-off score to  $\geq 9$  ( 75.3% vs 73.5%).

**Conclusions:** A different cut-off score is suggested for subjects with alcohol and cigarette use in using GerdQ for GERD, especially in diagnosing erosive esophagitis.