

GERD	Referral Guide: Page 1 of 2	Gastroenterology
<p>Diagnosis/Definition:</p> <p>Stomach acid or contents which are refluxed into the esophagus causing either heartburn, esophageal erosions, Barrett's esophagus or dysphagia. Recently, it has been recognized that non-esophageal symptoms may also be seen in association with reflux including asthma, chronic cough (particularly night time paroxysmal coughing, hoarseness, globus sensation, morning sore throat, or post-nasal drip. Most patients state that their symptoms are worse at night.</p> <p>With a thorough history and physical (making sure to ascertain that the symptoms are due to GERD and not from a cardiac etiology) on the patient followed by a trial of an anti-acid regimen. If the antacid regimen gives the patient symptom relief, then the patient is defined as having GERD.</p>		
<p>Initial Diagnosis and Management:</p> <p>Through the patient's history and physical it is determined that they have GERD. Patients are begun on an antacid regimen of an H2 blocker, Zantac 150 mg bid.</p> <p>Lifestyle changes also need to be addressed with the patient which include:</p> <ol style="list-style-type: none"> 1) stop smoking 2) stop all alcoholic drinking 3) do not eat anything for 2 hours prior to going to bed, i.e., finish dinner at 7pm if the patient goes to bed at 9pm 4) elevate the head of the bed 30-45 degrees 5) lose weight, the more abdominal weight the patient carries, the more likely they will be to have GERD. 		
<p>Ongoing Management and Objectives:</p> <p>The patient is re-seen back at six weeks to determine the efficacy of their H2 blocker. If the patient states that the Zantac has worked then they may stay on this regimen.</p> <p>If the symptoms are not controlled then switch the patient to Nexium 40 mg po q d to be taken one half hour before a meal, because proton pump inhibitors must have active acid secretion in order to become activated. Optimally patient should take Nexium 30 minutes before evening meal (best for decreasing damage at night when reflux causes the most damage). Many patients have significant relief when taking P.P.I. with or 30 minutes after the meal. Please dose the Nexium to be taken prior to the patient's worst symptoms, i.e., if they have their worst symptoms at night, then have them take their Nexium with their dinner meal.</p> <p>Have the patient return in six weeks for a follow-up. If their symptoms are not controlled on a daily PPI, then a referral to GI is necessary.</p> <p>If the patient's symptoms are controlled on a daily PPI, then they may continue on this medication.</p>		
<p>Indications for Specialty Care Referral:</p> <p>If the patient has any of the following symptoms they need a GI referral:</p> <ol style="list-style-type: none"> 1) Dysphagia 2) New onset GERD in a patient 50 or older 3) Odynophagia 		

Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.

