PATIENTS WHO ARE OLDER THAN 65 HAVE HIGHER RATES OF CLINICALLY RELEVANT ESOPHAGOGASTRIC JUNCTION OUTFLOW OBSTRUCTION AND HIGHER INTEGRATED RELAXATION PRESSURES

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UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

In a cohort of 486 patients undergoing high-resolution esophageal manometry, those aged 65 and older showed significantly higher integrated relaxation pressure, higher mean lower esophageal sphincter pressure, and substantially increased rates of both manometric and clinically relevant esophagogastric junction outflow obstruction compared to younger patients.

KEY POINTS

- Patients 65 and older had significantly higher median integrated relaxation pressure (10.7 vs 8.5 mmHg, p<0.001) and mean lower esophageal sphincter pressure (29.1 vs 25 mmHg, p=0.004) compared to those under 65.
- Manometric esophagogastric junction outflow obstruction was nearly three times more common in the older group (26% vs 9%, p<0.001), while hypomotility disorders were less common (16% vs 25%, p=0.034).
- Multivariable regression showed each 10-year increase in age was independently associated with esophagogastric junction outflow obstruction per Chicago Classification 3 criteria (OR 1.72, 95% CI 1.35-2.19, p<0.001) after adjusting for sex, BMI, and study protocol.
- Among patients with manometric esophagogastric junction outflow obstruction, the odds of clinically relevant disease (symptomatic with positive adjunctive tests) increased with each decade of age (OR 4.28, 95% CI 1.34-13.7, p=0.014).
- This retrospective single-center study included 486 patients (31% aged 65 and older) undergoing high-resolution manometry between 2020-2021 using both Chicago Classification 3 and 4 protocols and is relevant to clinicians interpreting manometry in older adults.

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