GORD: Is it all acid?

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Endoscopy | Oesophagus

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Most refractory reflux symptoms on PPI therapy are not due to persistent acid reflux but rather to non-acid reflux or disorders of gut-brain interaction, which overlap with GERD in approximately 75% of cases.

KEY POINTS

- The speaker reported that only approximately 10% of patients with refractory reflux symptoms on PPI have true persistent acid reflux, demonstrable by esophagitis grade B/C/D, peptic stricture, or acid exposure time above 4% on pH impedance monitoring.
- According to the Lyon 2.0 consensus presented, conclusive evidence of pathological GERD includes LA grade B (not A) esophagitis, Barrett's esophagus, peptic stricture, or acid exposure time above 6% with normal endoscopy.
- The speaker stated that 30-40% of patients remain symptomatic despite PPI therapy achieving 80-85% esophageal healing rates, with non-acid reflux accounting for symptoms in 30-40% of refractory cases in most studies.
- In the speaker's department study, approximately 75% of patients with proven GERD and ongoing PPI-refractory symptoms had disorders of gut-brain interaction overlapping with GERD rather than refractory acid reflux.
- The speaker recommended pH impedance monitoring on PPI as mandatory because it is the only method that can detect weakly acidic or non-acid reflux episodes, whereas pH monitoring alone will miss most reflux events in this setting.
- Clinical phenotyping can help distinguish acid-related from non-acid causes: older male patients with hiatus hernia, obesity, and tobacco use are more likely acid-related, while female patients with anxiety, depression, and associated functional GI disorders are more likely non-acid related, according to the speaker.

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