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Summary

IS IT NECESSARY TO CONTINUE ACID-SECRETION INHIBITATON DRUGS IN PATIENTS WITH CONTROLLED GASTROESOPHAGEAL REFLUX DISEASE SYMPTOMS?

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Oesophagus

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A multicenter study of 92 erosive GERD patients on maintenance acid-suppression therapy found that 71.7% remained symptom-free four weeks after drug discontinuation, with no patient factors predicting recurrence.

KEY POINTS

- 66 of 92 patients (71.7%) with mild erosive GERD on maintenance therapy had FSSG scores below 8 and no symptom recurrence after 4-week drug withdrawal
- No patient background factors (sex, age, BMI, alcohol, smoking, hiatal hernia, H. pylori status, pepsinogen levels, or gastrin levels) were associated with symptom recurrence or non-recurrence
- No significant difference in recurrence frequency was found between patients previously maintained on proton pump inhibitors versus vonoprazan
- No serious complications occurred even in patients who experienced symptom recurrence during the discontinuation period
- The authors conclude that temporary discontinuation of maintenance therapy, especially PPIs, is acceptable for mild erosive GERD

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