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Summary

How to manage refractory reflux

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Oesophagus | Primary Care | Surgery

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The speaker presented a systematic approach to managing PPI-refractory reflux, emphasizing the need to distinguish true refractory GERD from functional disorders and to recognize overlapping conditions such as supragastric belching and rumination.

KEY POINTS

- The speaker stated that 30 to 40 percent of patients do not respond well to PPI and continue having symptoms, requiring investigation to determine if they have true gastroesophageal reflux disease or another condition such as reflux hypersensitivity or functional heartburn.
- When endoscopy is normal, pH monitoring or pH impedance should be performed to confirm reflux presence, and four phenotypes may be found including reflux associated with symptoms, increased acid exposure without symptom correlation, reflux hypersensitivity with normal acid exposure, and functional heartburn.
- The speaker stated that a study from Yadlapati in Chicago found 42 percent of PPI-refractory reflux patients had supragastric belching and 20 percent had rumination, conditions that should be considered and treated separately.
- Treatment strategies include lifestyle adjustments, switching to more potent PPIs such as esomeprazole or rabeprazole, adjunctive therapies including baclofen and alginates, and for confirmed refractory GERD on pH impedance monitoring, invasive treatments such as fundoplication.
- For supragastric belching and rumination, the speaker discussed cognitive behavioural therapy and biofeedback techniques, including an EMG-guided method developed in the speaker's lab and a non-instrumental approach using hands and video.
- In the question and answer session, the speaker recommended asking patients about belching and food regurgitation, stated that baclofen is difficult to use due to tolerability and should be started at very small doses, and suggested fundoplication for non-acid reflux.

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