

Treatment of non-cardiac chest pain

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UEG Postgraduate Teaching Programme Berlin 2025

Presentation

Oesophagus

October 5, 2025

This educational talk reviews treatment approaches for non-cardiac chest pain based on underlying cause, emphasizing that chest pain may be harder to treat than dysphagia and that neuromodulators and non-pharmacological therapies should be considered across all etiologies.

KEY POINTS

- The speaker taught that PPIs are more effective for chest pain when acid reflux is proven compared to patients without proven reflux, as shown in a study by Peter Kahrilas.
- In a series of 46 GERD patients on PPI with persistent symptoms, less than one third had true refractory GERD while the majority had reflux hypersensitivity or functional symptoms, supporting neuromodulator use.
- Randomized trials demonstrated that tricyclic antidepressants perform better than placebo for non-cardiac chest pain, though tolerance may be an issue, and SSRIs showed modest benefit with treatment discontinuation in 16% due to adverse events.
- A study of 80 DGBI patients showed that psycho-gastroenterological multimodal therapy including relaxation training and gut-directed hypnotherapy produced greater quality of life improvement than conventional therapy.
- The speaker presented a case where POEM for hypercontractile esophagus produced no improvement and acknowledged this was likely an error, stating neuromodulators should have been tried first.
- Chest pain may be more difficult to treat than dysphagia in motility disorders, and treatment response for EOE is uncertain because questionnaires focus on dysphagia rather than pain.

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