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Summary

DISTINCT ASSOCIATIONS OF GENERAL AND ESOPHAGEAL-SPECIFIC PSYCHOLOGICAL SYMPTOMS WITH POSTOPERATIVE PROGNOSIS AFTER ANTI-REFLUX SURGERY FOR REFRACTORY GERD

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Stomach & H. Pylori | Oesophagus

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In refractory GERD patients undergoing laparoscopic Dor fundoplication, baseline general anxiety and depressive symptoms independently predicted unfavorable quality-of-life outcomes at one year despite objective reflux normalization in 93% of patients.

KEY POINTS

- Among 426 patients who achieved reflux normalization after surgery, 64 had unfavorable prognosis (less than 50% improvement in health-related quality of life at one year) while 362 had favorable prognosis.
- In adjusted analysis, baseline anxiety only was associated with unfavorable prognosis with an odds ratio of 3.31 (95% CI 1.61–6.79, p=0.001), depression only with odds ratio 6.81 (95% CI 2.82–16.42, p<0.001), and comorbid anxiety and depression with odds ratio 5.89 (95% CI 1.95–17.79, p=0.002).
- The unfavorable-prognosis group had more severe postoperative flatulence, which correlated with baseline depression and anxiety symptoms, suggesting gastrointestinal symptoms may partly mediate the association between baseline psychological factors and poor outcomes.
- Comorbidity of symptom-specific anxiety and esophageal hypervigilance at baseline was associated with favorable prognosis, while physiological parameters showed no significant effect on outcomes.
- A subgroup exhibited persistent or worsening psychological symptoms despite objective reflux normalization, and all patients had failed 12-week PPI trials twice before surgery.

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