



Communicating With Your Gastroesophageal Reflux Disease (GERD) Patient

- **Key questions to formulate a diagnosis¹:**
 - *How often have you experienced a burning sensation or pain in your chest or behind the breast bone?*
 - *Have you experienced regurgitation or acid taste in your mouth?*
 - *Do you have pain or burning in your upper stomach?*
 - *Have you had a sore throat or hoarseness that is related to your heartburn or acid reflux?*
 - *How often have you had difficulty getting a good night's sleep because of your symptoms?*
 - *How often have your symptoms prevented you from eating or drinking any of the foods you like?*
 - *How frequently have your symptoms kept you from being fully productive in your job or daily activities?*
 - *When do you take your acid reflux medication?*
 - *How often did you take additional medication other than what the physician prescribed for you?*

WHEN TO REFER²

- **When endoscopy (or other specialized testing) is necessary**
- **Failed high-dose acid suppression and compliance has been confirmed**
- **Presence of “alarm symptoms”**
 - *Dysphagia*
 - *Bleeding*
 - *Unexplained weight loss*
 - *Choking*

¹Flook NW and Wiklund I. *Int J Clin Pract.* 2007;61:2071-2078.

²DeVault KR and Castell DO. *Am J Gastroenterol.* 2005;100:190-200.





Treating Reflux Disorders at Primary Care Level: An Updated Algorithm

**Patient self-care fails, symptoms indicate GERD,
other conditions ruled out***

Optimize over-the-counter and/or proton pump inhibitor (PPI) + adjuvant therapy 4-8 weeks

Success

Step down and stop; restart on lowest effective dose if relapse occurs

Success

Continue, aim for lowest effective dose

Failure*

Failure*

BID PPI ± adjuvant therapy 4 weeks and review

Failure*

Failure*

Success

Refer to specialist

** Always ensure patient adherence and consider alternative diagnosis when treatment failure occurs*