Inadequate symptom control on long-term PPI therapy in GERD – Fact or fiction?

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Conclusions
Inadequate control of symptoms is common in GERD patients prescribed PPI therapy for > 1 year and is often overlooked in daily practice. 46% of patients taking PPI >1 year seen in general practice complain of heartburn or regurgitation symptoms at least 2 days per week. 10% of patients are considered “Lost Patients”. These patients with insufficient symptom control should be methodically identified and considered for further diagnostics and/or treatment modification, for example with a screening questionnaire. Interdisciplinary reflux centers have the potential to improve the care of GERD patients.

Background
Randomized controlled trials report about 30% of GERD patients complain of bothersome remaining symptoms (heartburn, regurgitation) despite PPI. General practice physicians estimate this to be an over-representation. German GPs typically estimate that <5% of patients do not respond satisfactorily to PPI.

Systematic review: persistent reflux symptoms on PPI (Fig.2)[1]
- Non-randomized interventional trials (primary care)
  - Troublesome heartburn 17% (6-28%)
  - Troublesome regurgitation 28% (26-30%)
- Randomized trials
  - Troublesome heartburn 32% (25-39%)
  - Troublesome regurgitation 28% (26-30%)
- Observational studies
  - Troublesome reflux symptoms 45% (30-60%)
  - 19 studies (>30,000 patients)

At least 30% of GERD patients on PPI still suffer from troublesome symptoms and/or lesions (Fig.1)

Lost patients Definition
- Established diagnosis of GERD
- Erosive esophagitis
- NERD with proven acid reflux
- NERD with acid reflux within the normal range and positive symptom association (hypersensitive esophagus)
- NERD with non-acid reflux and positive symptom association
- Insufficient efficacy of PPI therapy (symptoms, esophagitis)
- at least 4-8 weeks of a PPI (standard dose)
- Intolerance of PPI therapy
- No previous attempt to identify the reason(s) for insufficient PPI effect

Aim
Assess the % of “Lost Patients” in GERD patients seen in general practice.

Methods
- LOPA study (LOst PAtients)
- Prospective, multicenter, observational study (n=16 GP clinics)
- Patients with chronic GERD (≥1 year) on PPI maintenance therapy (≥1 year)
- Questionnaire:
  - GerdQ (validated diagnostic tool) [3]
  - Duration of GERD and PPI therapy
  - Persistent reflux symptoms ± effect on sleep
  - Satisfaction with PPI therapy
  - Diagnostic work-up in the past (EGD, pH metry, manometry)
  - Prior specialist consult (gastroenterologist, GI surgeon)

Results
333 consecutive patient responses were collected
- Average duration of GERD: 8.58 years
- Average duration of PPI therapy: 6.39 years

Frequency of remaining symptoms (Fig.3):
- 20% of patients were dissatisfied with their current PPI therapy (score 1-2 on a scale 1= very dissatisfied, 5= very satisfied) [4]
- 13% were both dissatisfied and had a high likelihood of complaints correlating to pathological pH, based on the GerdQ questions [4].

Of all patients surveyed:
- 85% received an upper endoscopy in the past
- Only 7% had a prior pH-metry and 2% manometry
- Only 7% received prior surgical consult for GERD
- Rate of Lost Patients was 10%