Therapy Gaps in the Community Management of Gastroesophageal Reflux Disease: An Underserved Population

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Background

The American Gastroenterological Association (AGA) recommends endoscopic evaluation and ambulatory pH testing in patients with inadequate response to medical therapy.[1]

Objective

The purpose of this study is to identify and define therapy gaps in the treatment of GERD using a hospital network database.

Methods

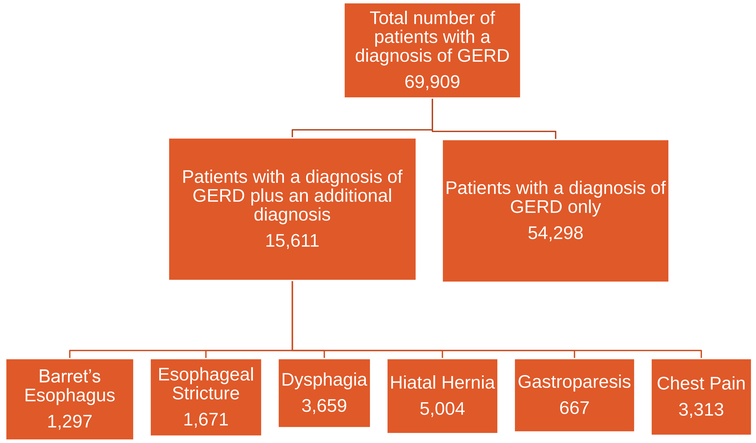
Patient data with a primary complaint of GERD from July 2020-June 2021 in a single hospital system in Colorado and Kansas were collected. There were 70 facilities (PCP offices, specialty clinics and hospital emergency departments). Patients with GERD as a presenting diagnosis were included. Additional diagnosis such as chest pain, dysphagia, hiatal hernia, stricture, gastroparesis and Barrett's esophagus were collected. Data on referrals to specialties were collected. The use of acid suppression was also collected.

Study Period
July 2020 – June 2021

Facilities
70 (PCP offices, specialty clinics and hospital emergency departments)

Diagnoses
GERD
Chest pain
Dysphagia
Hiatal hernia
Stricture
Gastroparesis
Barrett's esophagus

Results



Number of Visits	All GERD	GERD plus Another Diagnosis
One	70%	90%
Two	21%	6%
Three to Five	10%	3%
Six or More	<1%	<1%

Discussion

Nearly 70,000 patient account records were queried for a 12 month period (July 2020-June 2021) for the primary diagnosis of GERD:

- 54,298 had only a diagnosis of GERD (77.7%)
- 15,611 had a primary diagnosis of GERD plus another diagnosis (22.3%)

Of these patients, 35,885 (51.3%) were prescribed a PPI and 12,990 (18.6%) were prescribed a H2-blocker.

- 3,795 (5.4%) of PPI users were prescribed a dose ≥40mg/day.

Despite nearly a ¼ of patients having complicated GERD as defined by a dual diagnosis, only 2,413 (3.5%) were referred to a specialist:

- Gastroenterology: 1,701
- Pulmonology: 345
- Otolaryngology: 367

Conclusion

Medical acid suppression was ubiquitous in the study population. A majority of patients (70%) presenting with a primary diagnosis of GERD visit with their medical provider once suggesting possible symptom control with medical management. 10% of patients present more than twice in a year suggesting inadequate symptom control despite medical management. Only 3% patients were referred to gastroenterology. This study suggests a significant therapy gap in the community management of GERD and a lack to specialty referral in patients with poor symptom control with medical management.

References

1. Yadlapati, R., Gyawali, C. P., Pandolfino, J. E., Chang, K., Kahrilas, P. J., Katz, P. O., Katzka, D., Komaduri, S., Lipham, J., Menard-Katcher, P., Raman Muthusamy, V., Richter, J., Sharma, V. K., Vaezi, M. F., & Wani, S. (2022). AGA Clinical Practice Update on the Personalized Approach to the Evaluation and Management of GERD: Expert Review. *Clinical Gastroenterology and Hepatology*. https://doi.org/10.1016/j.cgh.2022.01.025

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