These guidelines are designed to assist clinicians and are not intended to supplant good clinical judgement or to establish a protocol for all patients with this condition.

**DIAGNOSIS AND TREATMENT OF GERD**

1. Algorithm for diagnosis and treatment of GERD  
2. Lifestyle Modification  
3. References

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Patient presents with symptoms suggesting GERD and is examined.

Symptoms not consistent w/ GERD
Abdominal pain, IBS, Vomiting, Fatty Food Intolerance, Biliary Colic, PUD Symptoms, Gastritis Symptoms

Dyspepsia work-up out of guideline

Follow-up EGD every 2 yrs with biopsy

Maximize medical therapy

Barrett's Esophagus

Atypical Cells Cancer Stricture

EGD results normal?

Yes

No

Esophagitis

On maximum medical therapy?

No

Increase to maximum medical therapy x 8wks and repeat EGD

Maximize medical therapy

Aciphex 20mg po bid and Ranitidine 300mg po qhs

Symptom relief with maximum medical therapy?

Yes

Continue medication and monitor symptoms

No

Unable to tolerate meds or desires surgery?

Yes

Surgery Consult

No

Asymptomatic upon routine follow-up?

Yes

Continue Ranitidine OR if on Aciphex discontinue Aciphex and begin Ranitidine

No

Empiric Trial
1. Ranitidine 150-300mg po bid x 8 wks
   If failure to respond therapy occurs at anytime during trial, convert to Aciphex 20mg po qd x 8 wks
2. Aciphex 20mg po qd bid 8 wks

Symptom relief after 2 weeks of empiric trial?

Yes

Consider further work-up and other diagnoses

No

Stop meds after 2 months and observe off meds for 2 weeks.

Surgery Consult

Further work-up needed to exclude other diagnoses.

Warning Symptoms & Signs

Endoscopy (EGD)

Exam & Evaluation
Consider CXR, EKG, CBC

Warning Symptoms & Signs

Esophageal Symptoms

Extraesophageal Symptoms

Further work-up consistent with GERD?

No

Treat non-GERD Disease

Yes

Lifestyle Modification (refer to education sheet)

EGD results normal?

Yes

Continue Lifestyle Modification Only

No

Increase to maximum medical therapy x 8wks and repeat EGD

Aciphex 20mg po bid and Ranitidine 300mg po qhs

Surgery Consult

Unable to tolerate meds or desires surgery?

Yes

Continue medication and monitor symptoms

No

Continue medication and monitor symptoms

Maximize medical therapy

Aciphex 20mg po bid and Ranitidine 300mg po qhs

No

Increase to maximum medical therapy x 8wks and repeat EGD

Surgery Consult

This guideline is designed for the general use of most patients, but may need to be adapted to meet the special needs of a specific patient as determined by the patient's medical practitioner.

*GERD is not an indication to treat or biopsy for H.pylori - Refer to CDC H.pylori clinical guideline.
*Patients with H.pylori and a normal EGD (including mild gastritis) with GERD symptoms should not be treated for H.pylori.
LIFESTYLE MODIFICATION

- Encourage weight loss/maintenance. Reduce intake of saturated fat and cholesterol for overall weight loss.

- Modify alcohol intake: No more than 1 oz of ethanol (e.g. 24 oz [720 ml] of beer, 10 oz [300 ml] of wine, or 2 oz [60 ml] of 100 proof whiskey) per day, less for women and light-weight people.

- Tobacco avoidance: All smokers should be advised to stop and offered assistance in cessation.

- Caffeine avoidance: Counsel on alternatives to caffeinated drinks.

- No eating 3 hours prior to bedtime.

- Elevate head of bed 4-6 inches with blocks or books under mattress.

### Things that can make symptoms worse

- Cigarette smoking
- Coffee (both regular and decaffeinated) and other drinks that contain caffeine
- Alcohol
- Citrus fruits
- Tomato products
- Chocolate, mints or peppermints
- Fatty foods or spicy foods (pizza, chili, curry)
- Onions
- Being overweight
- Aspirin or ibuprofen (brand names: Advil, Motrin, Nuprin)
- Some other medicines (check with your doctor)
REFERENCES:


8. Alaska Native Medical Center. Guidelines for the Diagnosis and Treatment of Helicobacter Pylori