

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**104-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
06, 08, 13 лютого 2023 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,  
які проводитимуться у 2023 році №5500074

**Чернівці – 2023**

**Reva T.V.**

## **GASTROESOPHAGEAL REFLUX DISEASE: OVERVIEW OF THE PROBLEM, DIAGNOSIS, TREATMENT AND LIFESTYLE CHANGES**

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases  
Bukovinian State Medical University*

**Introduction.** GERD is a widespread illness that many patients can successfully manage by amalgamating lifestyle modifications with proper clinical treatment. Most of the patients experience typical symptoms, while some of them can also experience atypical symptoms. There are various ways to diagnose GERD, with each methodology having a unique function. The best initial strategy is PPI treatment optimization. The root causes of PPI failure can be found with in-depth history taking and the application of investigative methods. Drugs like H<sub>2</sub>-blockers, prokinetics, and baclofen might be utilized in affected individuals with persistent reflux.

**The aim of the study.** To study modern aspects of the clinical course of GERD, diagnosis and treatment.

**Material and methods.** GERD is one of the most widespread gastrointestinal conditions, affecting 20% of adults in Western societies. However, because more people have access to over-the-counter acid-reducing drugs, the actual prevalence of this illness may be higher. Males tend to have GERD at a slightly higher rate than females. In contrast to males, who are more expected to have erosive esophagitis, females who arrive with GERD symptoms are more likely to have non-erosive reflux disease. However, compared to females, males have had a higher incidence of Barrett's esophagus with long-term GERD symptoms. Older age, an immoderate body mass index, smoking, anxiety, stress or depression, and insufficient physical activity at work are risk factors for GERD.

**Results.** The clinical history is the primary basis for GERD diagnosis: the distinctive signs and symptoms, their occurrence, frequency, intensity, aggravating and relieving events, progression through time, and effects on quality of life. Typical, atypical, and extra-esophageal symptoms can be used to categorize the disease's manifestations. Acid regurgitation and heartburn have the highest specificity for GERD. These symptoms can help one make a presumptive diagnosis and start empiric therapy in the absence of alarming symptoms. An endoscopy is used to evaluate GERD symptoms in people over 40 years of age who have worrisome symptoms, such as difficulty swallowing, pain when swallowing, weight loss, gastrointestinal bleeding, nausea, vomiting, and a family history of malignancy. The degree of severity of reflux esophagitis is assessed according to the Los Angeles classification. Long-term esophageal pH monitoring is the gold standard in the diagnosis of GERD. Esophageal impedance measurement illustrates the antegrade and retrograde movement of refluxate; evaluates the physical and synthetic characteristics of the refluxate in combination with a pH meter; characterizes the type of refluxate (liquid, meteoric or heterogeneous), as well as whether it is acidic or not. There are a couple of curative ways through which one can proceed towards GERD, clinical and surgical, the preference of which relies on the affected individual's attributes (lifespan, therapeutic adherence, personal inclination, and underlying comorbidity) and components such as medical care reaction, underlying esophageal mucosal erosions, unusual manifestations, and impediments.

**Conclusions.** Thus, a serious issue with the digestive system is GERD. With careful consideration of the usual and unusual symptoms, anamnesis is essential for diagnosing GERD (period, intensity, recurrence, aggravating and relieving points, evolution, and effect on the well-being of life). The therapeutic treatment effectively copes with the known symptoms, but the main problem is maintaining the asymptomatic state of the victims for a long time. Surgical intervention is recommended for patients who require ongoing treatment, are intolerant to medications, or have complex forms of GERD.