Results: Of the initial 150 pts identified on lansoprazole, 50 filled out both questionnaires. The mean age of the pt group was 69 years. At the time the questionnaire was administered, the average time on the drug was 3.9 years for lansoprazole and 4.7 months for rabeprazole. Using the symptom distress scores during the week the pts were symptomatic on the two drugs, the Wilcoxon’s Signed Rank revealed no statistically significant differences in the symptom scores between the two drugs. (p = 0.97). Comparing the proportion of pts indicating presence of related symptoms, there were no statistically significant differences in the proportion of pts experiencing symptoms of heartburn, chest discomfort, nausea, hoarseness etc between the two drugs, except for a significantly higher proportion of pts with regurgitation on rabeprazole (p = 0.013).

Conclusions: In this study sample, the majority of the patient symptoms were well controlled with either PPI and there were no clinically relevant differences in patient symptoms when they were switched from one PPI to another during a national formulary change.

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PRESENCE OF HIATAL HERNIA DOES NOT ADVERSELY AFFECT TREATMENT RESPONSE IN GERD

Purpose: To study the effect of hiatal Hernia on the symptomatology and treatment response in patients with GERD.

Background: It is conceivable that an anatomical abnormality i.e. hiatal hernia may aggravate reflux due to its effect on the lower esophageal sphincter, possibly creating resistance to treatment.

Methods: We did a prospective study of 96 consecutive patients with typical GERD symptoms, seen at the outpatient clinic of a University–affiliated teaching hospital.

We excluded patients with pregnancy, multiple comorbidity, h/o anti reflux surgery and gastric surgery. Data on severity, nocturnal vs diurnal pattern, frequency/duration of symptoms, medication, co-morbidity and extraesophageal manifestations were collected. The severity of heartburn was marked on a standardized analog scale of 0 to 10.

All patients underwent upper endoscopy and were prescribed standard dose of proton pump inhibitors (choice of the individual attending Gastroenterologist), and advised lifestyle modifications. A follow up was possible in 62 patients; symptoms were recorded in the same standard format as the first visit. Treatment response was defined as 1) The patient feeling subjectively better in terms of GERD symptoms and 2) At least 2 point decrease in the analog score of heartburn severity.

Results: Our patient population consisted of 72 men and 24 women, mean age 54± 15 yrs. Mean wt: 176 ± 4 lbs, BMI 29.6 ± 5.8. Only 23.5% had BMI < 25, while 30% were overweight (26–30) and 47% were obese (BMI >30). Mean reflux severity score was 6.4 on a scale of 0–10. Daily reflux was reported by 61%. Hiatal hernia was found in 32 patients. There was no age or gender difference between the patients with or without hernia. The two groups had similar severity, duration and pattern of symptoms. Symptom relief with proton pump inhibitors was documented in 90% of patients in whom follow-up was possible (n=62). Response to treatment did not vary between patients with or without hiatal hernia.

Using logistic regression analysis including variables such as age, gender, BMI, duration and severity of initial symptoms, brand of ppi used, presence of erosive esophagitis or hiatal hernia, we were unable to identify any discrete factor that affected treatment response in GERD.

Conclusions: 1) GERD patients with hiatal hernia had similar symptom profile as those without hernia. 2) Presence of hiatal hernia did not contribute to resistance to proton pump inhibitor therapy for GERD symptoms.

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RADIOFREQUENCY ABLATION OF THE LOWER ESOPHAGEAL SPHINCTER FOR THE TREATMENT OF GERD: LONG-TERM FOLLOW-UP RESULTS WITH THE STRETTA PROCEDURE
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Purpose: In August 1999 we began enrolling patients into a multi-center trial investigating the treatment of GERD with the Stretta device. We observed a significant reduction in reflux related symptoms and use of acid inhibitory medications during the initial twelve month follow-up period. Eight of our original 13 patients were on no PPI or H2B therapy at 12 months. We present long-term follow-up data (mean 32.2 months) on this early cohort of patients who underwent radiofrequency ablation of the lower esophageal sphincter (LES) at our institution.

Methods: Our first thirteen patients who underwent the Stretta procedure (six male, seven female) had a mean body weight of 79.7 kg (range 48 to 102 kg). All had mild GERD and abnormal 24-hour esophageal pH studies (pH <4 more then 4% of the time). None had a hiatal hernia over 2cm. All patients had been on daily PPI to control their reflux symptoms. These 13 patients were recently re-contacted and were asked to fill out a questionnaire to assess current heartburn symptoms and medication use. Symptoms were compared to baseline using the Student paired t-test.

Results: Twelve patients returned the questionnaire (92.3% response rate). At a mean of 32.2 months follow-up (range 24 to 40 months), 4 of 12 patients (33.3%) were off all antisecretory medications. The other eight patients required treatment of their GERD. Seven patients were on daily PPI and one patient underwent a Nissen fundoplication 17 months after the Stretta procedure. The mean heartburn score at 32.2 months (12.9 ± 9.3) was significantly lower compared to baseline (17.4 ±6.3).

Conclusions: The initial short-term (12 month) improvement in medication use following the Stretta procedure was not maintained for most patients at longer-term follow-up. However, the heartburn symptom score continued to be significantly lower. Only a third of patients in our small cohort are off acid inhibitory medications at a mean of 32 months following the radiofrequency intervention. Future studies may determine who would most benefit from this endoscopic therapy for GERD.

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GERD WORSENS SLEEP RELATED QUALITY OF LIFE IN PATIENTS WITH OBSTRUCTIVE SLEEP APNEA
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Purpose: Patients with obstructive sleep apnea have significant reductions in the quality of their life due to the poor quality of sleep. We have shown previously that GERD may increase nocturnal arousal in some patients causing fragmentation of sleep. The aim of this study was to determine the effect of GERD on sleep related quality of life in patients with obstructive sleep apnea.

Methods: 98 consecutive patients undergoing polysomnography for excessive daytime sleepiness were studied. GERD severity was assessed using a validated symptom scale (GSRS). Sleep related quality of life was measured using a validated sleep quality of life questionnaire (SAQLI). Differences of 0.5 are clinically significant on this scale and differences of 1 are considered large. The sleep study was read by a polysomnographer blinded to the results of the GSRS or SAQLI. Multiple regression analysis was performed on key parameters to determine the factors affecting sleep related quality of life.

Results: There were 41 men and 57 women in the study. Moderate to severe symptoms of GERD were present in 16% and 10 of whom were receiving acid suppressive therapy (4 Histamine receptor antagonists and 6 standard dose PPI). All treated patients were still symptomatic for GERD.