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Gastroesophageal Reflux Disease (GERD) Guidelines

Table of content

Introduction	Management algorithm	Diagnostic endoscopy for GERD	• ICD codes • References
Page 1	Page 2,3,4	Page 5	Page 6



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Introduction

Gastroesophageal Reflux Disease (GERD) is a chronic condition where stomach acid flows back into the esophagus, causing irritation and inflammation. This condition is a more severe and persistent form of acid reflux.

Symptoms of GERD may include:

1. Heartburn: A burning sensation in the chest, often after eating.
2. Regurgitation: Sour or bitter-tasting acid backing up into the throat or mouth.
3. Chest pain: Discomfort or pain in the chest, sometimes mistaken for a heart attack.
4. Difficulty swallowing: Sensation of a lump in the throat or difficulty swallowing.

Causes of GERD: The lower esophageal sphincter (LES) is a muscular ring that normally acts as a valve, preventing stomach contents from flowing back into the esophagus. In GERD, the LES may be weak or relax inappropriately, allowing stomach acid to enter the esophagus.

Triggers and Risk Factors:

- Certain foods and drinks, such as citrus, tomatoes, chocolate, coffee, and fatty or spicy foods.
- Obesity or being overweight.
- Pregnancy.
- Hiatal hernia.
- Smoking.
- Certain medications.

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GERD

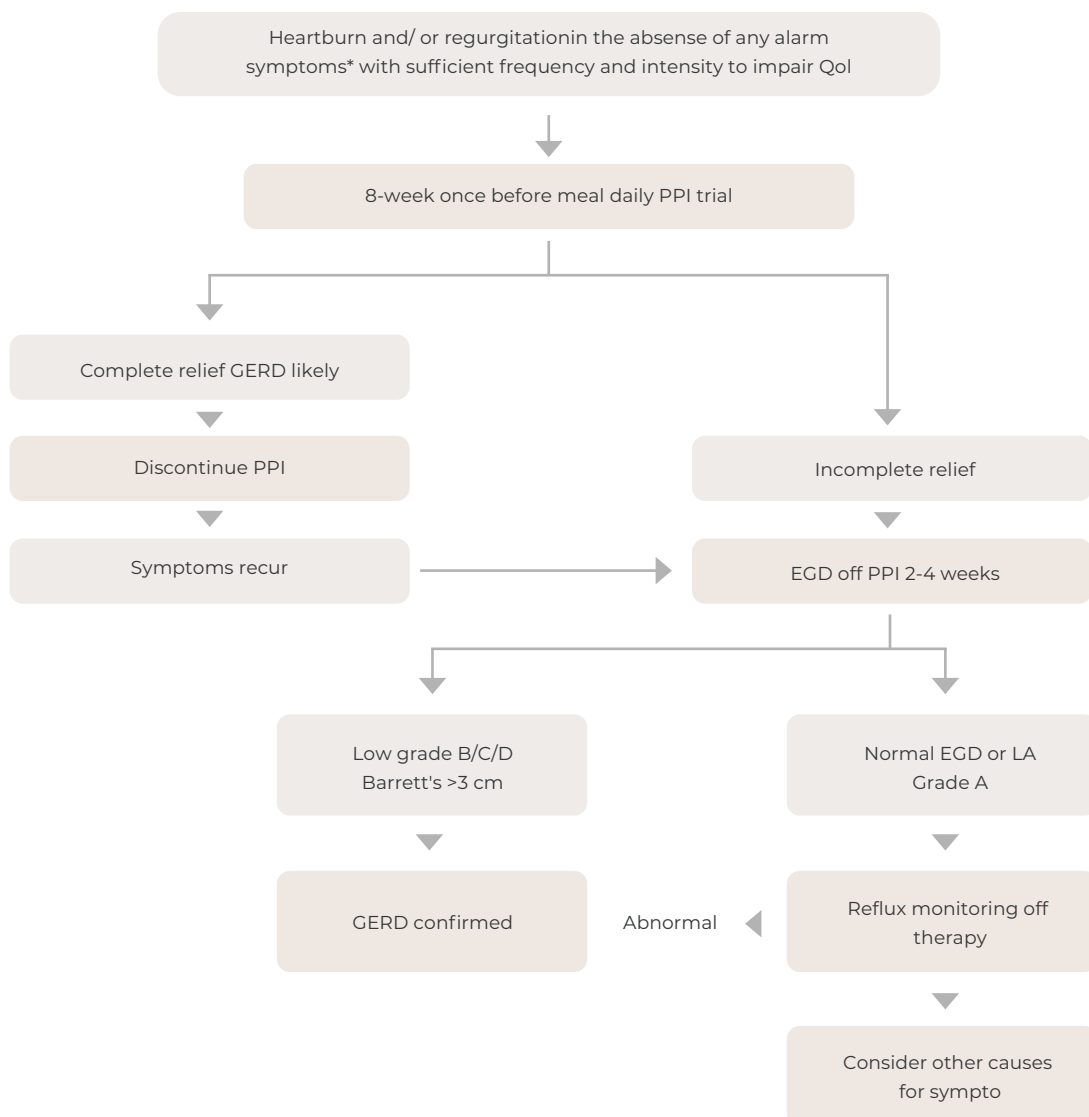
Management of GERD: Treatment strategies for GERD aim to alleviate symptoms, heal esophagitis (inflammation of the esophagus), and prevent complications. Lifestyle modifications often include:

1. Dietary changes: Avoiding trigger foods and eating smaller, more frequent meals.
2. Weight management: Losing weight if overweight.
3. Elevating the head of the bed: This helps prevent stomach acid from flowing into the esophagus during sleep.

Medications may also be prescribed, including:

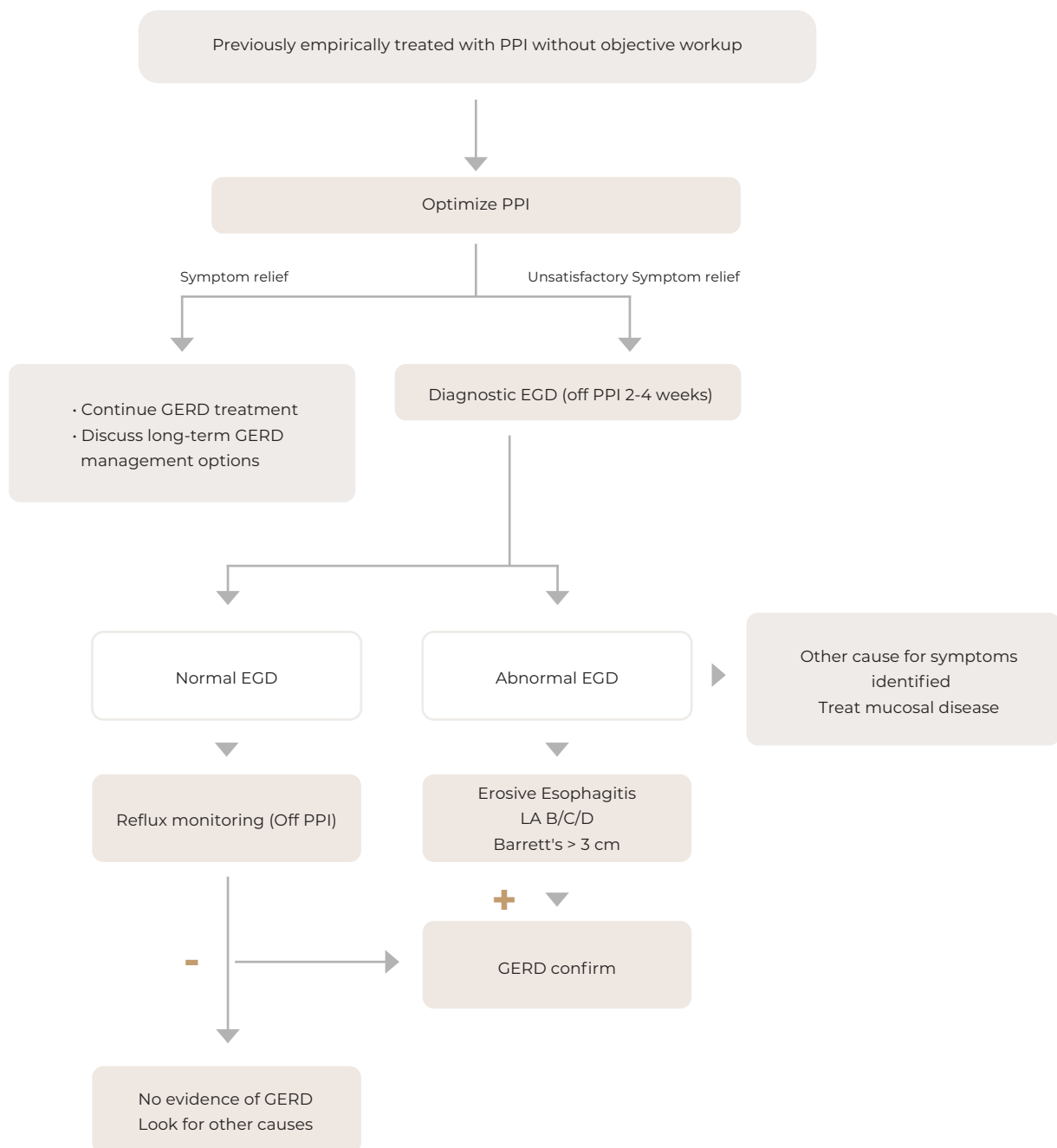
1. Antacids: Neutralize stomach acid.
2. H2 blockers: Reduce the production of stomach acid.
3. Proton pump inhibitors (PPIs): Suppress the production of stomach acid more effectively.

Management algorithm of symptoms suspected because of GERD incompletely responsive to PPIs, previously empirically treated with PPI without objective workup:

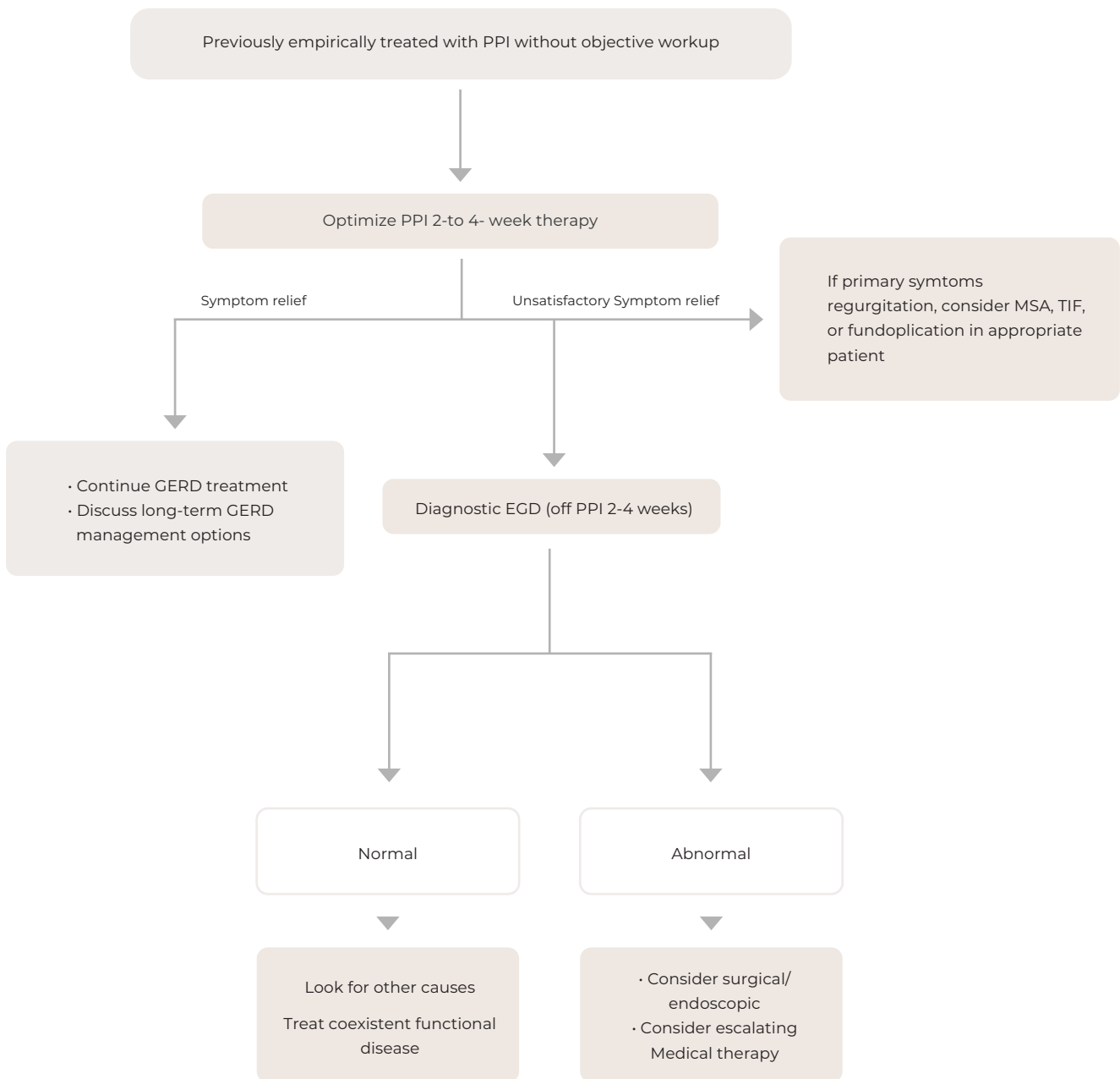


GERD

Management algorithm of symptoms suspected because of GERD incompletely responsive to PPIs, previously empirically treated with PPI without objective workup:



Management algorithm of symptoms suspected because of GERD incompletely responsive to PPIs in patients previously objectively defined as GERD:



GERD

Diagnostic endoscopy for GERD:

1.1. Typical GERD:

- i. EGD is indicated for typical GERD with the following:
 - a. Failure to respond to provider-directed, appropriate anti-secretory medical therapy with an 8 week trial of empiric PPIs once daily before a meal OR Return of symptoms after discontinuation of provider -directed, appropriate anti - secretory medical therapy with an 8 week trial of empiric PPIs once daily before a meal.
- ii. EGD is indicated if any of the following accompany GERD symptoms
 - a. Documentation of dysphagia.
 - b. Odynophagia characterized by chest pain on swallowing.
 - c. Documentation of unintentional weight loss > 5% within the past 6 -12 months.
 - d. Hematemesis.
 - e. GI bleeding or presumed to be UGI in origin by one of the following:
 - i) History and/or physical examination (e.g., black stool, hematemesis; not hemorrhoidal bleeding).
 - ii) Laboratory data (e.g., elevated BUN associated with GI blood loss, positive fecal occult blood).
- iii. Iron -deficiency anemia presumed to be UGI in origin, as manifested by low hematocrit or hemoglobin AND one of (serum iron, Low serum ferritin or Elevated serum iron binding capacity).
- iv. Finding of an UGI mass, stricture, or ulcer on imaging studies (CT, MRI, US).
- v. Persistent vomiting (≥ 7 days).

1.2. Chest Pain Attributed to Reflux (Non -cardiac Chest Pain)

- i. If accompanied by typical GERD symptoms, refer to typical GERD indications above
- ii. If not accompanied by typical GERD symptoms, EGD is indicated when: Cardiac disease has been ruled out by recent (within 60 days) ECG, chest x-ray or ECHO/US, and appropriate laboratory studies performed after symptoms started or worsened OR Referral from cardiologist for GI workup.

1.3. Extra -Esophageal Reflux

- i. Extra -esophageal symptoms of GERD include symptoms of chronic cough, throat - clearing, hoarseness, globus sensation, asthma, and /or laryngitis.
- ii. For extra -esophageal reflux accompanied by typical GERD symptoms (heartburn, regurgitation), EGD is appropriate when there is failure to respond to an 8-12 week trial of PPI therapy twice daily
- iii. For extra -esophageal reflux not accompanied by typical GERD symptoms, EGD is appropriate when:
 - a. Evaluation for other causes have been considered for individuals with laryngeal symptoms, chronic cough, and asthma with appropriate ENT, pulmonary, or allergy evaluation as indicated.
 - b. There is failure to respond to an 8-12 week trial of PPI therapy twice daily.

1.4. Additional Indications

- i. Evaluation of individuals who are PPI -dependent* and being considered for endoscopic or surgical anti-reflux procedures (e.g., Nissen fundoplication).
- ii. Evaluation of individuals with recurrent symptoms after endoscopic or surgical anti - reflux procedures.
- iii. Placement of wireless pH monitoring.
- iv. Repeat EGD in individuals found to have erosive esophagitis (Los Angeles Classification B, C or D) after an 8 -12 week course of PPI* therapy to exclude Barrett's esophagus or dysplasia.

Note: Reflux monitoring is vital and should be done by the treating doctor upon consultations.

GERD

ICD codes

Category	ICD-10 Code	Description
N39.0	N39.0	K21 Gastroesophageal reflux disease (GERD)
N30.0	N30.0	K21.0 Gastroesophageal reflux disease with esophagitis
N30.00	N30.00	K21.00 Gastroesophageal reflux disease with esophagitis, unspecified
N30.01	N30.01	K21.01 Gastroesophageal reflux disease with esophagitis, mild
N30.9	N30.9	K21.02 Gastroesophageal reflux disease with esophagitis, moderate
N34.1	N34.1	K21.03 Gastroesophageal reflux disease with esophagitis, severe
N39.3	N39.3	K21.9 Gastroesophageal reflux disease without esophagitis
N36	N36	K21.90 Gastroesophageal reflux disease without esophagitis, unspecified
R31	R31	K21.91 Gastroesophageal reflux disease without esophagitis, mild
R39.15	R39.15	K21.92 Gastroesophageal reflux disease without esophagitis, moderate
R39.16	R39.16	K21.93 Gastroesophageal reflux disease without esophagitis, severe
R30.0	R30.0	K21.89 Other gastro-esophageal reflux disease with esophagitis
Z87.442	Z87.442	K21.8 Other gastro-esophageal reflux disease
Z87.741	Z87.741	K21.81 Gastroesophageal reflux-induced cough
Z87.742	Z87.742	K21.9 Gastroesophageal reflux disease without esophagitis
Z87.743	Z87.743	K21.89 Other gastro-esophageal reflux disease with esophagitis

Reference:

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https://www.isahd.ae/content/docs/E-jada%20KPIs%20and%20Recom-mendations_GERD_2023.pdf.
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