

## Introduction to the Series on GERD



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**G**astroesophageal reflux disease (GERD) is a highly prevalent chronic disease in the adult US population. Its chronicity is established by the numerous reports indicating early relapse of symptoms following discontinuation of effective medical therapy. The high prevalence of GERD has been documented over a period of almost 30 years starting with the observation by Nebel, et al that approximately 10 percent of the adult US population have regular heartburn and 40 percent have occasional symptoms (1). Twenty years later, a similar prevalence was noted by Locke, et al and (2), more recently, an AGA sponsored survey of national data bases documented that 19 million Americans suffer from GERD (3). In the latter survey, GERD was considered the 4th most common digestive disorder, only exceeded in prevalence by acute diarrhea and gallstone disease. In addition, among all GI diagnoses, GERD carried the greatest national cost burden at approximately \$9.3 billion per year in 1998 dollars. Another recent AGA survey has brought to light the high prevalence of nighttime symptoms in patients with GERD, approaching 80% in heartburn sufferers (4).

Over the past two decades, there have been remarkable advances in our understanding of pathophysiology, diagnosis and treatment of GERD. For instance, the traditional concept that GERD occurred secondary to a chronically

weak and therefore incompetent lower esophageal sphincter (LES) has been replaced by the recognition in the 1980's that spontaneous or "transient LES relaxations (TLESRs)" are a major mechanism allowing reflux of gastric acid to occur. Diagnostically, the availability of medications that profoundly inhibit gastric acid secretion has led to their use as a diagnostic/therapeutic trial and the recent addition of ambulatory multichannel intraluminal impedance (MII) testing provides the opportunity to identify non-acid reflux as a cause of persistent symptoms in the patient on such therapy. Finally, the profound effect of proton pump inhibitors (PPIs) to control gastric acid production throughout most of the day has greatly enhanced management of GERD and decreased the prevalence of complications such as ulcerative esophagitis and peptic strictures.

In this series, I will call upon knowledgeable individuals from around the world to provide in-depth discussions on specific topics regarding pathogenesis, diagnosis and treatment of GERD, including less well understood areas such as eosinophilic esophagitis and supra-esophageal manifestations of this disease.

### References

1. Nebel OJ, Fornes M, Castell DO: Symptomatic gastroesophageal reflux: Incidence and precipitating factors. *Dig Dis Sci*, 1974;21:953-956.
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4. Shaker R, Castell D, Schoenfeld P, Spechler S: Nighttime heartburn is an under-appreciated clinical problem that impacts sleep and daytime function. *Am J Gastroenterol*, 2003;98:1487-1992.

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