

QUESTION 2

WHAT ARE THE INDICATIONS FOR ENDOSCOPY IN PATIENTS WITH CLASSIC GASTROESOPHAGEAL REFLUX DISEASE?

There are no absolute indications for endoscopy in patients with classic gastroesophageal reflux disease. In order to answer this question, one again must assume that classic gastroesophageal reflux disease means that the patient has 1 or 2 primary symptoms: heartburn and/or regurgitation. In this setting, the approach to consideration of upper gastrointestinal (GI) endoscopy is based on guidelines, and patient preference. If the disease is uncomplicated—heartburn and/or regurgitation as the only symptom, easily resolved with antisecretory therapy—then endoscopy is purely elective and I would discuss the risks and benefits based on the risk profile for Barrett’s esophagus (see below). I tend to be aggressive in screening patients for Barrett’s because I believe that the approach to the patient is subtly different with and without Barrett’s esophagus. However, one could argue based on the evidence in the literature that there is no indication to screen or endoscope a patient who is asymptomatic on antisecretory therapy. So, I would have a discussion with the patient and be most inclined to endoscope this patient if he were Caucasian, male, over the age of 50, and had reflux symptoms for more than 5 to 10 years. If this was not a description of our patient, I would offer a screening examination but would be less inclined to “push it” in any way. I do my Barrett’s screening endoscopy after at least 8 weeks of antisecretory therapy in attempt to make certain the mucosa is healed prior to endoscopy. If the patient had classic reflux symptoms and had not responded to antisecretory therapy, I would perform endoscopy for diagnostic purposes to determine if there was another problem related to the symptoms. If the patient had any of the so-called alarm symptoms, dysphagia, odynophagia (painful swallowing), weight loss, anemia, or other signs of a systemic process, then I would consider an endoscopy prior to instituting a therapeutic trial. I do not consider chest pain, cough, or