



CME FOUNDATION OF INDIA

EVENT REPORT



THE GASTRO EXPERTS

The Gastro Experts

The Gastro Experts held on 22nd, 23rd & 24th November, 2024, at Radisson Hotel, Srinagar was organized by **CME Foundation of India (CMEFI)**, a registered Association of Persons (AOP), dedicated to enhancing the skills and knowledge of healthcare professionals, through continuing medical education activities.

Dr. Harshal Shah, a distinguished gastroenterologist, shared his valuable insights on the topic "**Current perspective in the management of refractory GERD.**" He emphasized the importance of individualized care and the latest treatment approaches in managing GERD.

The objective of this conclave was to explore practical, evidence-based strategies for the management of challenging cases of GERD, emphasizing innovative therapeutic approaches grounded in real-world clinical experiences. It fostered collaborative discussions on improving patient care outcomes by incorporating insights from key opinion leaders in gastroenterology. Attendees gained valuable expertise in enhancing GERD management through the application of real-world evidence and successful patient care methodologies.

Date: 22nd, 23rd & 24th November, 2024

Venue: Radisson Hotel, Srinagar

Total Participants: 43

Agenda



22nd November, 2024



7:30 pm to 9:30 pm

Topics	Speaker	Duration
Welcome		07:30 pm - 07:35 pm
Introduction		07:35 pm - 07:40 pm
Lecture: Current perspective in the management of refractory GERD	Dr. Harshal Shah	07:40 pm - 08:45 pm
Real-world management approaches in refractory GERD with pantoprazole treatment	Dr. Harshal Shah	08:45 pm - 09:25 pm
Vote of thanks		09:25 pm - 09:30 pm

Summary of the Conclave

CMEFI team warmly welcomed the distinguished speaker, Dr. Harshal Shah and the participants.

Current perspective in the management of refractory GERD - Dr. Harshal Shah

Dr. Harshal provided an in-depth discussion on the challenges associated with managing refractory GERD, a condition where symptoms persist despite optimal PPI therapy. He explained that while PPIs remain the cornerstone of GERD management, there are instances where patients continue to experience symptoms despite adequate dosing. These refractory cases can occur due to various factors, including weakly acidic reflux or non-acidic reflux, which are not fully neutralized by PPIs, leading to continued symptoms like heartburn, regurgitation, and chest discomfort. Dr. Harshal noted that non-GERD-related conditions, such as achalasia, eosinophilic esophagitis, and gastroparesis may mimic or contribute to GERD symptoms, complicating diagnosis and treatment. A comprehensive diagnostic approach is essential, involving endoscopy to rule out mucosal damage, esophageal manometry to assess esophageal motility, and 24-hour pH-impedance monitoring to measure reflux and assess the presence of weakly acidic or non-acid reflux.

Dr. Harshal further emphasized that the key to managing refractory GERD is ensuring strict adherence to PPI therapy. He discussed how persistent symptoms in such cases may result from issues like medication non-compliance or incorrect use, such as taking PPIs at inappropriate times. If symptoms persist despite proper use of PPIs, other therapeutic options should be considered. Pro-kinetic agents, such as metoclopramide, help enhance gastric motility and improve gastric emptying, which can reduce reflux episodes. Bile acid binders, such as cholestyramine, are also beneficial when bile reflux is contributing to symptoms. Pain modulators, such as TCAs or SSRIs may be considered to address pain associated with hypersensitive esophagus.

Dr. Harshal also pointed out that if these therapies fail to alleviate symptoms, endoscopy should be revisited to evaluate for esophagitis, strictures, or Barrett's esophagus, a premalignant condition often linked with chronic GERD. Further diagnostic tests can then help determine the next course of action.

Dr. Harshal also highlighted the role of advanced medications, such as esomeprazole, a newer PPI with higher bioavailability and metabolic stability. He explained that esomeprazole is particularly effective for managing night-time GERD, as it provides more consistent acid suppression and has a longer half-life compared to older PPIs. He also discussed the possibility of adjusting PPI dosages or incorporating additional reflux inhibitors to further control gastric acid production. For refractory cases, managing non-erosive reflux disease (NERD), where patients experience GERD symptoms without visible esophageal injury, may require a multi-faceted approach, including the use of PPIs at higher doses or in combination with agents like alginates that form a barrier to acid reflux. Patients with hypersensitive esophagus, which can be triggered by even small amounts of reflux, may benefit from the addition of SSRIs to address visceral hypersensitivity.

For patients who do not respond to medical therapy, Dr. Harshal discussed the role of surgical interventions, such as Stretta, Transoral Incisionless Fundoplication (TIF), and traditional Fundoplication surgery. These surgical options may offer beneficial outcomes, particularly for patients with persistent GERD despite maximal

medical therapy or those who experience complications such as strictures, Barrett's esophagus, or chronic aspiration. Dr. Harshal emphasized that the decision to pursue surgical options should be individualized, based on the severity of symptoms, the patient's response to medical treatments, and the potential risks and benefits of surgery.

Finally, Dr. Harshal stressed the importance of a personalized treatment approach for managing refractory GERD. Each patient's response to treatment can vary significantly, and therapies should be tailored accordingly. For example, in patients who experience partial responses to PPI therapy, additional treatments such as pain modulators, or a combination of therapies, may be necessary to achieve optimal symptom control. He also recommended exploring complementary therapies, including lifestyle modifications such as dietary changes and weight loss, which can reduce the frequency of reflux episodes. Dr. Harshal also noted the importance of addressing psychological factors in GERD management, as stress, anxiety, and depression can exacerbate symptoms and affect a patient's overall well-being.

Real-world management approaches in refractory GERD with pantoprazole treatment - Dr. Harshal Shah

A real-world survey was conducted using the provided questionnaire to gather insights on the topic "Real-world management approaches in refractory GERD with pantoprazole treatment." The analysis report of the survey was presented on screen to the participating doctor by Dr. Harshal Shah. The discussion centered around the responses to the questionnaire and highlighted key findings regarding the use of Pantoprazole in management of GERD.

- **Diagnosis and age range of patients with refractory GERD**

The majority of doctors reported that the primary diagnosis for patients treated with Pantoprazole was refractory GERD, a condition characterized by persistent symptoms despite standard treatment. A notable proportion also identified cases of GERD with nocturnal acid breakthrough and NSAID-aggravated GERD. Regarding age, the patients with refractory GERD were predominantly in the 40-50 years' age group, followed by those over 50 years, suggesting that GERD, particularly in its refractory form, becomes more prevalent with age. This is likely due to age-related changes in esophageal motility, reduced lower esophageal sphincter pressure, and the cumulative effects of comorbidities, which complicate GERD management over time.

- **Nocturnal acid breakthrough in refractory GERD**

A significant number of patients with refractory GERD experienced nocturnal acid breakthrough, with more than half of the doctors noting that 3 or more patients exhibited this issue. Nocturnal acid breakthrough can significantly impact the quality of life, leading to symptoms like night-time reflux, disrupting sleep, and contributing to the persistence of GERD-related discomfort.

- **Pantoprazole dosage**

Doctors frequently prescribed Pantoprazole 40 mg as the standard dose for most patients. However, for certain refractory cases, higher doses of Pantoprazole 80 mg or combinations with Domperidone were used, especially when initial doses failed to provide adequate symptom relief. This suggests that managing refractory GERD may sometimes require escalating doses or adding other medications to enhance gastric motility.

- **Comorbid diseases in refractory GERD patients**

Common comorbidities observed in patients with refractory GERD included obesity, COPD, diabetes, and obstructive sleep apnea. These conditions likely exacerbate GERD symptoms, complicating treatment and requiring a more comprehensive, multidisciplinary approach to management, including addressing the underlying health issues that may worsen GERD.

- **Atypical GERD symptoms in refractory cases and response to Pantoprazole**

In refractory GERD cases, doctors frequently observed a range of atypical symptoms such as chronic cough, hoarse voice, chest pain, and post-sternal discomfort. These symptoms are often non-specific and can be easily misdiagnosed as other conditions, making it crucial for clinicians to consider them as possible manifestations of GERD, especially in patients who do not respond well to standard treatments. After treatment with Pantoprazole, these atypical symptoms, including chest pain, hoarse voice, and chronic cough, showed significant improvement or complete resolution. This highlights the effectiveness of Pantoprazole not only in managing traditional GERD symptoms but also in addressing these challenging, non-typical manifestations of the disease.

- **CYP2C19 variation and PPI response**

The majority of doctors did not consider CYP2C19 variations as a major factor affecting the metabolism of PPIs like Pantoprazole. While CYP2C19 polymorphisms can influence PPI efficacy, most clinicians focused more on other factors such as the severity of GERD, comorbid conditions, and lifestyle choices when determining treatment strategies.

- **Therapeutic approach for pain and inflammation**

When managing pain associated with inflammation in refractory GERD, doctors often took a multi-faceted approach. Increasing the dose of Pantoprazole was common, though many also considered treating for *H. pylori* or adding a prokinetic to improve gastric motility. Some doctors chose to investigate the patient further to rule out other underlying causes, while a few explored the possibility of depression contributing to the patient's symptoms.

- **Prescribing double doses of Pantoprazole**

In refractory GERD cases, a significant proportion of doctors prescribed Pantoprazole at double the dose, twice daily. This strategy was often used in patients whose symptoms did not improve with standard dosing, reflecting a more aggressive approach to managing refractory cases and nocturnal acid breakthrough.

- **Pantoprazole with prokinetic for refractory GERD**

Doctors were more likely to prescribe Pantoprazole with a prokinetic in a smaller subset of patients, aiming to address motility issues in addition to acid suppression. This combined approach was considered particularly useful in patients who had symptoms of delayed gastric emptying or reflux-induced dyspepsia.

- **Additional measures for refractory GERD management**

For patients with refractory GERD, doctors commonly recommended lifestyle modifications, adherence to treatment, and regular follow-ups. Testing for underlying conditions such as ischemic heart disease (IHD) and laryngopharyngeal reflux was also considered when symptoms persisted, highlighting the importance of comprehensive care in managing refractory cases.

- **Response, adherence and safety of Pantoprazole treatment**

The overall response to Pantoprazole in treating GERD was generally rated as good by most doctors, with many patients experiencing significant relief from symptoms. However, a smaller subset of patients had fair to poor responses, suggesting that refractory GERD may require more individualized or aggressive treatment for optimal results. Adherence to Pantoprazole was also rated positively, though some patients faced challenges with consistent use, especially those experiencing chronic symptoms or side effects like nausea or headaches. Patient education and counseling were emphasized to improve adherence. Regarding safety, Pantoprazole's profile was generally rated as good, with few side effects reported. However, concerns about long-term use, including potential effects on bone density, magnesium levels, and the risk of infections, were noted. Doctors recommended regular monitoring to mitigate these risks, particularly for patients on prolonged therapy.

At the end of this Conclave, the CME Foundation of India extended its sincere gratitude to the attending delegates and acknowledged Aristo Ltd. and La Renon Healthcare Pvt. Ltd. the academic and industry partners, for their valuable support and contribution to the success of the Conclave.

Snapshots of Success

Registration counter



Welcome to The Gastro Experts



Welcoming Dr. Harshal Shah



Lecture on current perspective in the management of refractory GERD



Real-world management approaches in refractory GERD with pantoprazole treatment



Empowering attendees with a scientifically enriching
and a joyful conclave experience



Branding opportunity





Developed by

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