



Consensus Report on Gastroesophageal Reflux Disease in Turkey

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In Turkey, the population-based frequency of gastroesophageal reflux disease (GERD) is between 19% and 25%. This high-burden disease is seen in approximately 1 in every 4-5 adults. There are some characteristic features of this disease in Turkey. In the first installment of this two-part consensus report, we describe classical GERD. Later, we will examine GERD-related extra-esophageal findings and review indications for endoscopic treatment and surgery.

WHY IS A CONSENSUS REPORT REQUIRED IN TURKEY?

- 1) We have seen an increase in the number of upper gastrointestinal system endoscopies performed in daily practice. The features of patients who require endoscopy and, more importantly, indications for endoscopy warrant clarification. We further propose a common language for use in classifying endoscopic findings such as Barrett's esophagus and esophagitis.
- 2) Population-based studies in Turkey have suggested that the frequency of *helicobacter pylori* infection is between 75% and 82% in general and between 50% and 60% in patients with reflux symptoms. A conflict exists between the international guidelines and specific guidelines in Turkey related to indications for eradication. There is a strong need to clarify the indication of *helicobacter pylori* eradication in patients with GERD.
- 3) In Turkey, the prevalence of Barrett's esophagus and erosive esophagitis is low compared to that in Western countries. The Western literature generally ignores this observation and generates treatment recommendations based on findings in Western regions alone.
- 4) Few health centers use reflux-specific diagnostic methods, and these centers are inaccessible for many physicians and patients. Issues surrounding diagnostic method applications require clarifications.

- 5) In 2014, physicians prescribed 81 million boxes of gastric medications in general and 51 million boxes of proton pump inhibitors (PPIs) in Turkey. Approximately 750 millions Turkish Lira (about 175 millions Euro) was overspent for these medications. PPIs are the most important medications for treating GERD; however, they should be used with careful attention given to dosage and treatment duration. In Turkey, guidelines are needed for the first-, second-, and third-line healthcare approaches for patients with GERD, most of whom have non-erosive reflux.
- 6) Although it is the topic for the next consensus report, the similar problems are encountered while examining atypical symptoms of reflux, may be more seriously. It is necessary to establish a joint diagnostic and treatment plan, with contributions from otorhinolaryngology and chest disease specialists.
- 7) Recent years have seen increases in the number of surgical interventions for GERD. We require a consensus regarding surgical indications.
- 8) GERD medications that are safe for use during pregnancy and lactation should be established.
- 9) Beliefs pertaining to side effects of PPIs, which are not based on scientific evidence, are common. Strong scientific evidence is needed to inform patients and healthcare practitioners.

Based on these reasons we established nine study groups, each consisting of two people, including specialists and assistant researchers.

Study Groups and Questions

Question 1: Prof. Serhat Bor, Assoc. Prof. Elif Sarıtaş Yüksel

- How is the gastroesophageal reflux disease prevalence, incidence, and frequency of complications (stricture/esophagitis/Barrett's esophagus/carcinoma) in Turkey compared to other geographical regions globally?

Preface

Question 2: Prof. Filiz Akyüz, Dr. Özlem Mutluay Soyer

- How is gastroesophageal reflux disease classified?

Question 3: Assoc. Prof. Rukiye Vardar, Assist. Dr. Muharrem Keskin

- What is the place of empirical proton pump inhibitor testing in the diagnosis of gastroesophageal reflux disease? (Description, duration, and dosage)

Question 4: Assoc. Prof. Rukiye Vardar, Assist. Dr. Muharrem Keskin

- In what circumstances should 24-h esophageal pH, combined pH-multichannel impedance, capsule pH monitoring, esophageal manometry, scintigraphy, and radiology be used for diagnosing GERD?

Question 5: Assoc. Prof. Taylan Kav

- What is the optimal timing for and who are the optimal patients for performing upper gastrointestinal endoscopy to diagnose gastroesophageal reflux disease?
- What is the place of routine esophageal biopsy in the diagnosis of gastroesophageal reflux disease?
- Which classification scheme should be used for endoscopic esophagitis?

Question 6: Assoc. Prof. Hakan Akın, Dr. Yücel Aydın

How should we describe, diagnose and observe the Barrett's esophagus?

Question 7: Assoc. Prof. Hakan Akın, Dr. Yücel Aydın

- Does the treatment of proton pump inhibitors reduce dysplasia or adenocarcinoma development in Barrett's esophagus?

Question 8: Prof. Ülkü Dağlı, Assoc. Prof. İsmail Hakkı Kalkan

- What is the role of lifestyle changes gastroesophageal reflux diseases treatment

Question 9A: Prof. Zeynel Mungan, Assoc. Prof. Binnur Pınarbaşı Şimşek

- Which drugs are risk factors for the development of gastroesophageal reflux disease?

Question 9B: Prof. Filiz Akyüz, Dr. Özlem Mutluay Soyer

- Which diseases are risk factors for developing gastroesophageal reflux disease?

Question 10: Prof. Serhat Bor, Assoc. Prof. İsmail Hakkı Kalkan

- What are the available medical treatment regimens?
- How should the first-line medical treatment be administered?
- How should maintenance treatment be performed?
- When and how should drug treatment be stopped?

Question 11: Prof. Ülkü Dağlı, Assoc. Prof. İsmail Hakkı Kalkan

- How should GERD treatment be performed in patients who are pregnant or lactating?

Question 12: Prof. İbrahim Hatemi, Dr. Sinem Esatoğlu

- What is the long-term acid inhibitor treatment for gastroesophageal reflux disease?
- What are the potential problems related to long-term acid inhibitor treatment for gastroesophageal reflux disease?
- How should we follow these patients?

Question 13: Prof. Zeynel Mungan, Assoc. Prof. Binnur Pınarbaşı Şimşek

- Gastroesophageal reflux disease and the relationship with *Helicobacter pylori*

Question 14: Prof. Altay Çelebi, Dr. Hasan Yılmaz

- Are there instances where one PPI is preferable over another?

Question 15: Prof. Altay Çelebi, Dr. Hasan Yılmaz

- What is PPI unresponsiveness or partial response in GERD?
- How should we approach these cases?

When considered from an international perspective, we are hopeful that this consensus report can stand as an example for non-Western countries where the frequency of *Helicobacter pylori* infection is high, the prevalence of Barrett's esophagus is low, and the Caucasian race is dominant.