

# Dyspepsia/Gastroesophageal Reflux Disease (GERD) Treatment Guideline

PATIENTS DIAGNOSED WITH:

## UNCOMPLICATED SYMPTOMS<sup>1,2</sup>

- Heartburn
- Regurgitation

## ALARM SYMPTOMS SUGGESTING COMPLICATED GERD/DYSPEPSIA<sup>1,2</sup>

- Dysphagia
- GI bleeding
- Unexplained weight loss
- Odynophagia
- Anemia
- Persistent vomiting
- Family history of GI cancer
- Previous esophagogastric malignancy
- Previous peptic ulcer, lymphadenopathy or abdominal mass
- Other rare GI tract disease

*Endoscopy should be considered*

## FOR PATIENTS WITH MILD DYSPEPSIA\* OR GERD SYMPTOMS

- Initiate and continue lifestyle modifications throughout management
- Trial of patient-directed therapy with antacids, over-the-counter H<sub>2</sub>-antagonists, or Prilosec OTC
- A PPI may be required as initial treatment

|  | Cost/30 days <sup>†</sup> |
|--|---------------------------|
| Antacids (liquids and tablets) as needed           | \$3-\$7                   |
| Nizatidine (Axid AR) 75mg BID as needed            | \$17                      |
| Cimetidine (Tagamet HB) 200mg BID as needed        | \$18                      |
| Famotidine (Pepcid AC) 10mg BID as needed          | \$18                      |
| Famotidine/Antacid (Pepcid Complete) BID as needed | \$20                      |
| Omeprazole (Prilosec OTC) 20mg QD                  | \$20                      |
| Ranitidine (Zantac 75) 75mg BID as needed          | \$20                      |
| Ranitidine (Zantac 150) up to BID as needed        | \$20                      |

**NO** ← **GOOD RESPONSE?** → **YES** → **CONTINUE TREATMENT**

## FOR PATIENTS WHO HAVE NOT RESPONDED TO PATIENT-DIRECTED THERAPY OR HAVE DYSPEPSIA/GERD

- Lifestyle modifications
- A PPI may be required as initial treatment
- H<sub>2</sub>-antagonist may be effective for less severe symptoms

|                                 | Cost/30 days <sup>‡</sup> |
|---------------------------------|---------------------------|
| Cimetidine (Generic) 400mg BID  | \$7                       |
| Famotidine (Generic) 20mg BID   | \$10                      |
| Ranitidine (Generic) 150mg BiD  | \$22                      |
| Nizatidine (Generic) 150mg BID  | \$75                      |
| Pantoprazole (Protonix) 40mg QD | \$118                     |
| Omeprazole (Generic) 20mg QD    | \$132                     |
| Omeprazole (Prilosec) 20mg QD   | \$138                     |
| Omeprazole (Zegerid) 20mg QD    | \$140                     |
| Rabeprazole (Aciphex) 20mg QD   | \$144                     |
| Esomeprazole (Nexium) 20mg QD   | \$146                     |
| Lansoprazole (Prevacid) 30mg QD | \$163                     |

## LIFESTYLE MODIFICATIONS<sup>1,2</sup>

- Avoid lying down after meals
- Elevate head of bed
- Avoid foods that precipitate symptoms (e.g., alcohol, peppermint)
- Smoking cessation
- Decreased fat intake
- Eat frequent, smaller meals

**NO** ← **IMPROVEMENT AFTER 4-8 WEEKS OF TREATMENT?** → **YES** → **FOLLOW-UP<sup>1,3</sup>**

## FOR PATIENTS WITH SEVERE SYMPTOMS

- Lifestyle modifications
- Continuous drug therapy to control symptoms and prevent complications may be appropriate

### Refractory GERD/Dyspepsia:

- Re-evaluate the diagnosis
- Increase dose or prescribe PPI twice daily
- Consider antireflux surgery

- Based on patient response, consider less intense therapy (such as, H<sub>2</sub> antagonist)
- Reinforce lifestyle changes
- Continue to monitor

\* Helicobacter pylori testing may be considered for initial management

† Over the counter indications limit continued use of these products to two weeks or less. Prices are from drugstore.com (accessed 12/30/05)

‡ Cost to the pharmacist for 30 days treatment based on AWP listings in Drug Topics Red Book, December 2005.

### References

- DeVault KR, Castell DO. The Practice Parameters Committee of the American College of Gastroenterology. Updated guidelines for the diagnosis and treatment of gastroesophageal reflux disease. *Am J Gastroenterol.* 2005;100:190-200.
- Talley NJ, Vakil N. The Practice Parameters Committee of the American College of Gastroenterology. Guidelines for the management of dyspepsia. *Am J Gastroenterol.* 2005;100:2324-2337.
- Inadomi JM, Jamal R, Murate GH, et al. Step-down management of gastroesophageal reflux disease. *Gastroenterology.* 2005;121:1095-1100.



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