

# GERD

**INTERMITTENT MILD HEARTBURN**

< 2 episodes per week

**LIFESTYLE MODIFICATIONS**

**ANTACIDS PRN**  
(if < 1 episode per week)

**POTENCY:** Al (least) < MgOH < NaHCO<sub>3</sub> < CaCO<sub>3</sub> (most)  
Can combine with alginate

**LOW DOSE (OTC) H<sub>2</sub>RA**

**MILD-MODERATE GERD**

**LIFESTYLE MODIFICATIONS**

**PLUS**

**H<sub>2</sub>RA** x 2-4 weeks

**OR**

**PPI** x 2-4 weeks

If no response after 2-4 weeks, double dose

**MODERATE-SEVERE GERD**

**LIFESTYLE MODIFICATIONS**

**PLUS**

**PPI**

Initial trial x 2-4 weeks  
If no response, double dose (→ BID) x 4 weeks

**LIFESTYLE MODIFICATIONS**

- Weight loss \*
- Elevation of head of bed \*
- Dietary modifications are generally unnecessary
  - Avoid trigger foods (fatty foods, spicy foods, chocolate, coffee, alcohol, carbonated drinks, citrus, garlic, onions, tomatoes, garlic, onions)
- Avoid tightfitting garments
- Avoid tobacco and alcohol
- Abdominal breathing exercise
- Eat small meals and chew food well
- Avoid exercise after meals
- Don't lie down for 2-3 hours after eating

\* = only modifications that have evidence

**H<sub>2</sub>RA**

Cimetidine 400-800 mg BID  
Ranitidine 75-150 mg BID  
Famotidine 10-20 mg BID  
nizatidine 150 mg BID

**PPI**

Omeprazole 20 mg daily (mild-mod)  
Omeprazole 20 mg BID or 40 mg OD (mod-sev)  
Esomeprazole 20 mg daily  
Lansoprazole 15-30 mg daily  
Dexlansoprazole 30-60 mg daily  
Pantoprazole sodium 20-40 mg daily

**INEFFECTIVE DRUG THERAPY**

REFER: no resolution within 1-2 weeks of therapy, new alarm sx, worsening sx

After 8 weeks of drug therapy (on BID dosing of PPI for at least 4 weeks), if still sx:

**ENDOSCOPY**

**MAY TRY PPI + PROMOTILITY AGENT**

**CONSIDER H. PYLORI TREATMENT**

**EXPLORE ANTI-REFLUX SURGERY**

**PREGNANCY**

**Ca ANTACIDS**  
space from iron

**MAGNESIUM**  
avoid trisilicate

**ALGINIC ACID**

**H<sub>2</sub>RA**  
ranitidine, famotidine

**PPI**  
if all others fail

**LACTATION**

**Al, Ca, Mg ANTACIDS**

**FAMOTIDINE** > ranitidine

**PERSISTENT GERD**

**STEP DOWN**  
PPI → H<sub>2</sub>RA

**STEP UP**  
antacids → H<sub>2</sub>RA → PPI

**MAINTENANCE THERAPY**

**D/C AFTER 12 WEEKS**

**RECURRENCE/RELAPSE**

**PPIs PRN**

**LONG-TERM THERAPY:** restart PPI at previous effective dose; decrease dose by 50% q2 weeks to minimum effective dose

**REFER:**

- Chest pain: radiating pain to shoulders, neck, arm, SOB, sweating
- Vomiting: continuous/recurrent
- GI blood loss: hematemesis, melena
- Dysphagia, especially solids
- Odynophagia (severe pain on swallowing)
- Unexplained weight loss > 5%
- Unexplained cough, wheezing, choking, hoarseness
- Age > 50 years old with new symptoms
- Severe symptoms (frequency, rating)
- Nocturnal symptoms
- Failure of 2 week H<sub>2</sub>RA/PPI therapy