WHAT IS PPI UNRESPONSIVENESS IN GASTROESOPHAGEAL REFLUX DISEASE (GERD)?

By conducting a search using the terms “gastroesophageal reflux/drug therapy” (MeSH Terms) AND “proton pump inhibitors (MeSH Terms),” we aimed to find articles that were related to the definitions of PPI unresponsiveness and to create an expert opinion on the approach proposals related to unresponsive patients.

By scanning the summaries of 342 articles that were found in the literature, full texts of 16 articles involving PPI-refractory GERD patients were obtained. Because no description was made about the PPI refractoriness in 6 of these articles, they were excluded from the evaluation. The remaining 10 articles were used to create an expert opinion.

Seven articles containing the duration, dose, and response criteria that are taken into consideration in PPI unresponsiveness in GERD are tabulated. Fass et al. (1) and Fass and Sifrim (2) defined the PPI unresponsiveness in GERD as the failure to achieve adequate symptomatic relief and/or complete esophageal healing with a single daily dose of PPI without providing any duration. Richter et al. (3) defined the symptoms that do not respond to 4–8 weeks of double-dose PPI therapy, and Dellon and Shaheen (4) defined the symptoms that do not respond to a double-dose PPI therapy without specifying any duration. Kohata et al. (5) and Ribolsi et al. (6) defined the failure to receive an adequate symptomatic response to a 4-week double-dose PPI therapy as PPI unresponsiveness. Sifrim and Zerbib (7) defined the PPI unresponsiveness as inadequate response with a 12-week double-dose PPI therapy in patients with typical reflux symptoms.

As a result, the PPI unresponsiveness has been defined in the literature as the failure to obtain an adequate clinical response to 4-12-week single- or double-dose treatment.

HOW SHOULD THE PPI-UNRESPONSIVE GERD PATIENTS BE MANAGED?

The treatment approach schema to PPI-unresponsive GERD was made by the consensus group, using the prior study references (Figure 1) (4,7-10).

RECOMMENDATION

• If there is no response to a 4-week 1×1 PPI treatment in patients without alarm symptoms, it is recommended to increase the dose to 2×1 and the treatment to be completed within 8 weeks. Less than 50% recovery in typical reflex symptoms is considered to be unresponsiveness to PPI (Level of evidence: 5).
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REFERENCES

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