

ACID REFLUX & GERD:

The Unsettling
Reality in Canada

On average, ARD patients
wait over

**TWO
YEARS**
before seeking care¹

Two in five patients with GERD

have difficulty sleeping, and 43% feel tired and/or worn out¹

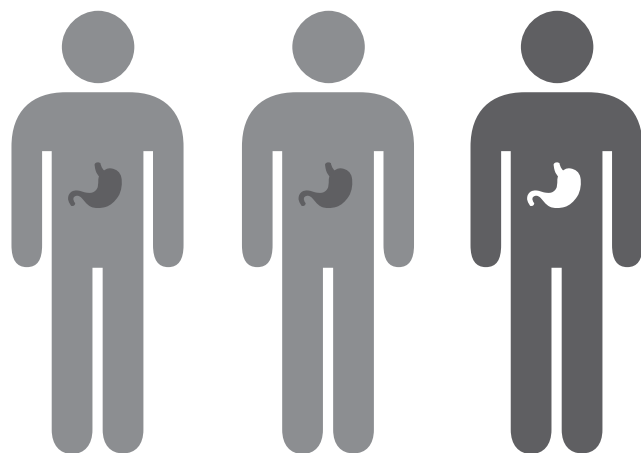


Approximately $\frac{1}{4}$ of
Canadians experience heartburn
daily or more often²

The
**QUALITY
OF LIFE**

of GERD patients is
similar to that of patients
who have suffered from

**ACUTE
CORONARY
EVENTS³**



Almost

ONE-THIRD

of GERD patients don't consult
a physician because they believe
symptoms are due to

FOOD CHOICES¹

ARD & GERD are debilitating conditions that affect millions of Canadians

Imagine a burning pain behind the breastbone, which creeps upwards toward the throat, coupled with regurgitation and an acidic taste in the mouth. These are symptoms of acid-related diseases (ARDs), including gastroesophageal reflux disease (GERD), and they worsen after common, everyday happenings — such as eating, bending over, lying down or certain physical activities — due to a reverse flow of stomach contents up into the esophagus.

GERD is a condition involving acid regurgitation/reflux, and it is one type of ARD. Heartburn, ranging from mild to severe, is the most common symptom. Acid reflux may also trigger persistent hoarseness, difficult or painful swallowing, asthma, unexplained chest pain, bad breath and the feeling of a lump in the throat. Furthermore, reflux can affect the throat with symptoms such as voice loss and sore throat, as well as the airways with chronic coughing, wheezing or episodic choking attacks.

Individuals with GERD incur significant personal expenses to manage their illness.

Population-based studies reveal that GERD is a common condition, with a prevalence of 10 to 20% in North America.⁴ In Canada, GERD is the most prevalent acid-related disorder.⁵ Approximately 13% of Canadians suffer from GERD symptoms weekly.⁵

Approximately a quarter of the population (24%) experiences heartburn daily or more often.²

GERD decreases quality of life

GERD is often a misunderstood condition, and its potential severity is not fully recognized by the general public, patients, the healthcare system, and in some cases, healthcare providers. It markedly affects patients' health-related quality of life and daily activities.⁶

For example, a study of more than 6000 GERD patients demonstrated that the quality of life of individuals with reflux disease was significantly lower than that of the general population.³

In fact, the quality of life of GERD patients is similar to that of patients who have suffered from acute coronary events.³

Unmanaged severe GERD can damage the lining of the esophagus, which may be further complicated by bleeding or ulceration. Resultant chronic scarring may lead to narrowing of the esophagus, making swallowing difficult. Some patients may develop Barrett's esophagus, a condition in which cells in the esophageal lining take on an abnormal appearance. Although rare, Barrett's esophagus may increase the chance of developing esophageal cancer, which can be fatal.⁷

ARD/GERD patients self-medicate and wait too long before seeking medical attention

Because patients with ARD often misattribute the blame for their condition to their lifestyle choices, they delay seeking medical attention and being prescribed appropriate medication. For example, patients will make lifestyle changes that alter their diet, social life, work and daily activities to try to compensate for the symptoms they're experiencing.

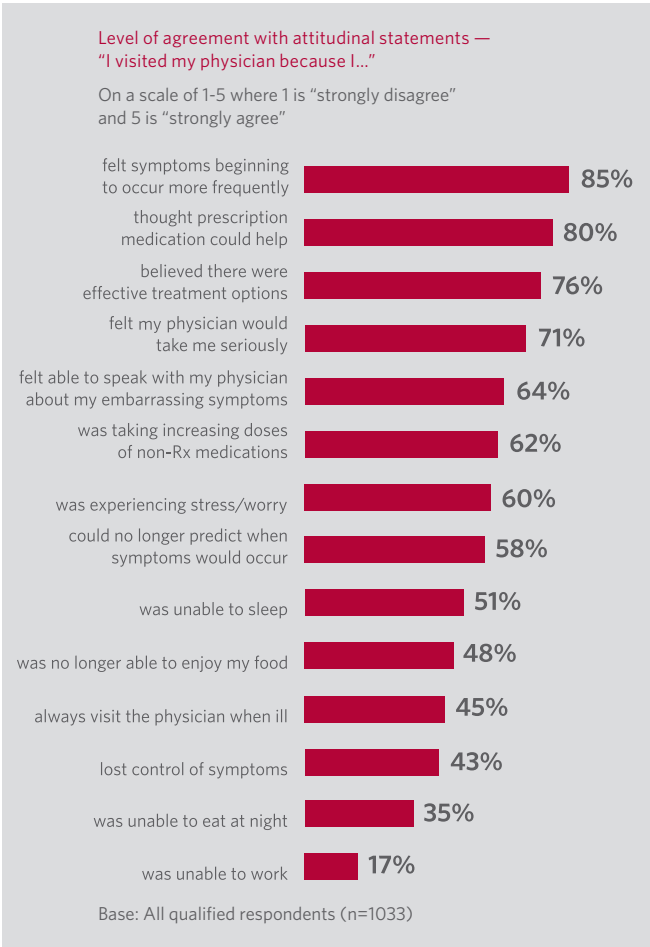
Almost one-third of patients don't consult a physician because they believe the symptoms are due to food choices.¹

Another one-quarter feel that their symptoms are due to their physical condition.¹ Increasing frequency of symptoms is the primary driver cited as to why a person finally consults a physician.

Many who have an acid-related disease (ARD), such as GERD, wait an average of over two years before talking with their physician about their problem.¹

Although various lifestyle factors are associated with GERD, when symptoms are present, the clinical evidence reveals that lifestyle changes usually have only limited effect, and lifestyle modifications are not recommended as the sole management modality of GERD. Instead, pharmacological treatment is required to heal erosive esophagitis, and achieve and maintain effective symptom resolution.⁸

Unfortunately, the vast majority (75%) self-medicate and never see a physician.⁹ Many of these sufferers may benefit from an alternative treatment option or asking their physician about better management strategies. This highlights the need to educate people about this chronic condition, to help ensure those who suffer have access to information and to encourage people to seek the appropriate treatment.

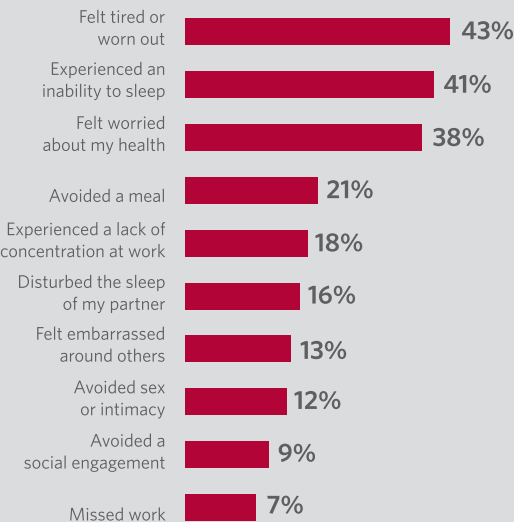


Before seeking medical attention and targeted prescription medication, people with ARD experience severe symptoms

Patients experience numerous troublesome symptoms (including heartburn, acidic taste, stomach pain, indigestion and sleeping problems) prior to taking medication.¹

Experiences prior to taking medication

On a scale of 1-5 where 1 is “never” and 5 is “always”



Base: All qualified respondents (n=1033)

In fact, approximately 80% of people with an ARD experienced at least one somewhat severe or severe symptom prior to receiving a prescription medication.¹

Furthermore, two in five patients (41%) have difficulty sleeping, with 43% feeling tired and/or worn out.¹

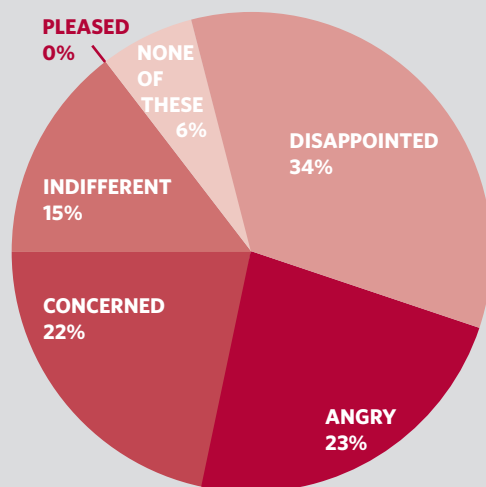
Often unrecognized, sleeping problems have a significant impact on workplace productivity, as this means increased time off work (7% missed work) and decreased concentration at work (experienced by 18%) for those with ARD.¹ Ultimately, this issue can have serious cost implications, affecting the bottom line for Canadian employers, employees and government.

People living with ARD are displeased with therapy coverage limitations

There is a lack of universal coverage for prescription medications in the treatment of ARD and ARD-like symptoms. Where drug coverage limitations exist, more than 80% of those with some form of public coverage are aware of these limitations and are often unhappy and frustrated.¹ Coverage limitation is a major barrier to the effective treatment of GERD, and it is an important area needing attention to help avoid escalation of disease symptoms.

The level of prescription drug coverage varies by province and in federally funded plans. Quebec is the only province with open access to all medications available for ARD; therefore, the people of Quebec are less likely to rely on over-the-counter (OTC) medications (in addition to their prescription medication) for ARD management when compared to people in other provinces.¹ Additionally, those in Quebec also report that their ARD symptoms have less interference with their daily lives compared to persons with ARD living throughout the rest of Canada.¹ This suggests that proper management of the disease can improve quality of life.

Feelings about coverage limitations



Base: On a provincial plan and lives in East, Ontario or West (n=431)

Dialogue necessary to tailor appropriate therapy

In Canada, there are three primary methods generally employed for the treatment of GERD:

1 Lifestyle and Dietary Modifications, which are appropriate steps, but are often made without consulting a healthcare professional. These alone will not usually alleviate the symptoms of a chronic GERD sufferer⁸;

2 Over-the-Counter (OTC) Medications, such as antacids and lower-dose histamine-2 receptor antagonists (H₂RAs), are nonprescription medications used to treat GERD symptoms. Often, those suffering from GERD initially will try OTCs, which may temporarily subdue symptoms by neutralizing some excess stomach acid; and

3 Prescription Medications, which include two classes of prescription medications used to help suppress acid secretion. These are higher-dose H₂RAs and proton pump inhibitors (PPIs).

Available evidence indicates that therapy response rates in GERD are related to the degree of acid suppression achieved.¹⁰ Having an appropriate discussion with a physician is key to understanding the condition, available treatment options and the degree to which acid suppression can be achieved. For example, the PASS Test is a useful tool to build dialogue between physicians and their GERD patients on PPIs (one class of prescription medications).

One should consider the possibility that the **PASS Test**, a simple, validated, 5-point questionnaire, may be helpful in identifying patients with persistent symptoms who may respond to a change in PPI therapy.

The five questions are as follows:

1 Are you still experiencing stomach symptoms?

2 In addition to your main medication, are you taking any of the following medications to control your symptoms: antacids, H₂RAs, motility drugs or others?

3 Is your sleep affected by your stomach symptoms?

4 Are your eating and drinking habits affected by your stomach symptoms?

5 At any time, do your stomach symptoms interfere with your daily activities?"

No matter what therapy, however, both the patient and the physician should proactively engage and participate in a GERD management discussion with constant re-evaluation at all stages of treatment, to ensure optimal disease management and assess the advantages and disadvantages of all options, including factors such as lifestyle, diet, family history, treatment choices and patient compliance.

Need for information, disease awareness and diagnostic tools

It's clear that GERD is an ongoing yet neglected health issue for millions of Canadians. Left untreated, persons with GERD are at an increased risk for progressively more severe symptoms.¹² These suffering patients need access to information that will dispel myths about the disease, including its effect and prevalence. Healthcare providers need access to more disease-awareness resources, including effective diagnostic tools that will aid them as they guide GERD patients through a disease management plan.

Call to action

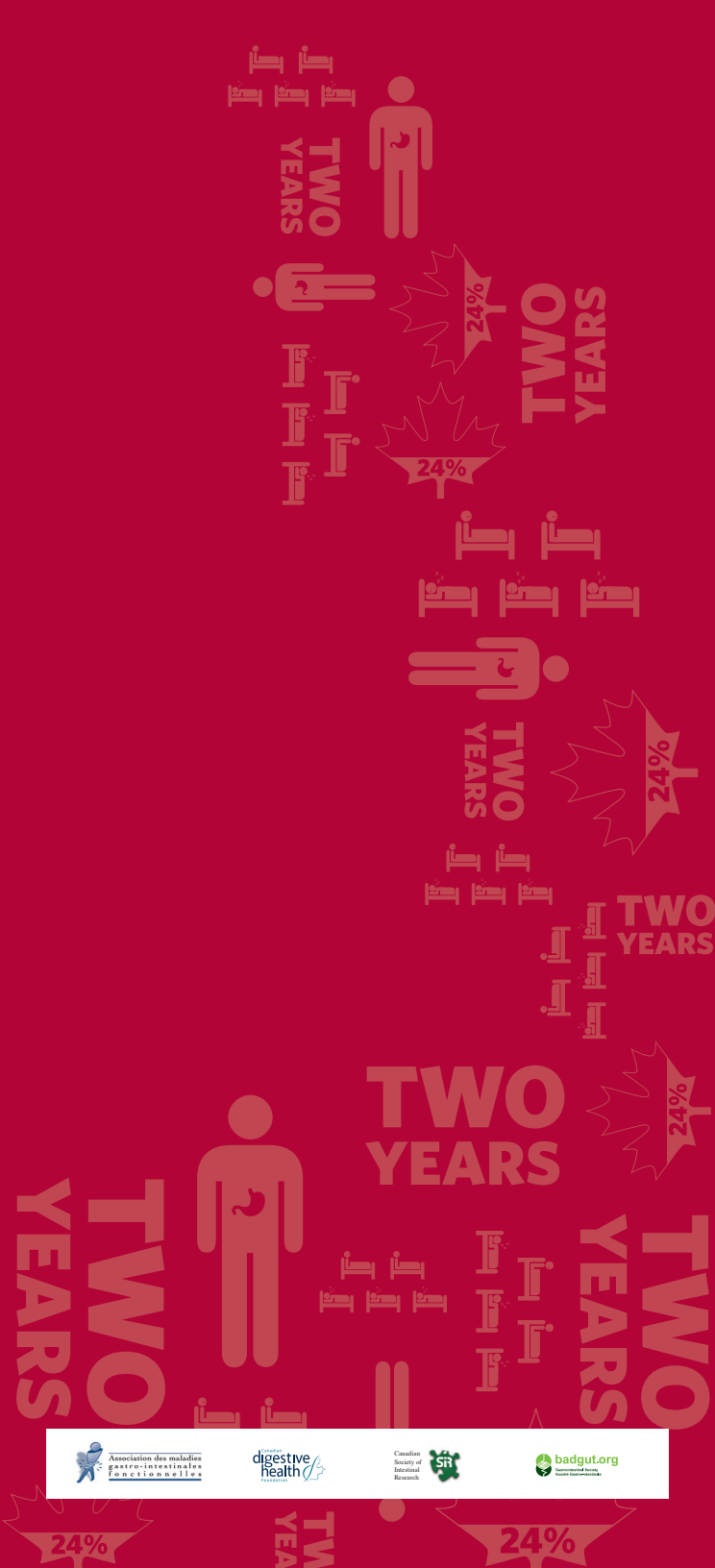
Findings from a patient experience study of acid-related disease (ARD) in Canada discussed herein bring to light the urgent need to promote digestive health and advance the quality of care for GERD patients. The lack of precise, reliable diagnostic tools, coupled with the overlap between symptoms of GERD and other abdominal, pulmonary or thoracic conditions, can make accurate diagnosis difficult.² A multifaceted approach is needed to improve treatment in Canada and avoid worsening conditions in digestive healthcare. To ensure persons suffering from GERD are optimally treated, patient outcomes are maximized and proper resource allocations are realized, it is imperative that:

Call to action

- 1 An increased focus is placed on public education and awareness about GERD to help ensure this condition is fully recognized by the public, patients, healthcare system and healthcare providers;
- 2 Effective dialogue between physician and patient is encouraged, so that patients can take an educated, informed and active role in their own care;
- 3 Canadians with GERD, healthcare providers and patient groups take a proactive management approach to the condition and its symptoms;
- 4 The PASS Test is recognized as a validated tool for identifying patients with persistent acid-related symptoms and monitoring response to a change in therapy;
- 5 New and reliable diagnostic tools are introduced and utilized; and
- 6 A commitment to treatment is established by government, in conjunction with patient groups, for long-term GERD management.

REFERENCES

1. The acid related disease patient experience: Canada, Harris Interactive research report, AstraZeneca Canada, Association des maladies gastro-intestinales fonctionnelles, Canadian Digestive Health Foundation, Canadian Society of Intestinal Research and Gastrointestinal Society, September 2007.
2. Tytgat GN, McColl K, Tack J *et al.* New algorithm for the treatment of gastro-oesophageal reflux disease. *Aliment Pharmacol Ther* 2008;27(3):249-56.
3. Kulig M, Leodolter A, Vieth M *et al.* Quality of life in relation to symptoms in patients with gastro-oesophageal reflux disease — an analysis based on the ProGERD initiative. *Aliment Pharmacol Ther* 2003 August;767-76.
4. Vakil N, Veldhuyzen van Zanten S, Kahrilas P *et al.* Global Consensus Group. The Montreal definition and classification of gastroesophageal reflux disease: a global evidence-based consensus. *Am J Gastroenterol* 2006;101:1900-20.
5. Armstrong D, Marshall JK, Chiba N *et al.* Canadian Consensus Conference on the management of gastroesophageal reflux disease in adults — update 2004. *Can J Gastroenterol* 2005;19(1):15-35.
6. Johnson DA. GERD and quality of life. Journal watch. Available from: <http://gastroenterology.jwatch.org/cgi/content/full/2006/804/1>. Accessed June 2008.
7. Canadian Society of Intestinal Research. Gastro esophageal reflux disease. Available from: <http://www.badgut.org>. Accessed June 2008.
8. Nocon M, Labenz J, Jaspersen D *et al.* Long-term treatment of patients with gastro-oesophageal reflux disease in routine care — results from the ProGERD study. *Aliment Pharmacol Ther* 2007 January;715-22.
9. Ferguson H, Johnston BT. Epidemiology and quality of life concerns in gastroesophageal reflux disease. *Pract Gastroenterol* 2004 April;62-9.
10. Katz PO, Ginsberg GG, Hoyle PE *et al.* Relationship between intragastric acid control and healing status in the treatment of moderate to severe erosive oesophagitis. *Aliment Pharmacol Ther* 2007;25:617-28.
11. Armstrong D, Veldhuyzen SJ, Chung SA *et al.* Validation of a short questionnaire in English and French for use in patients with persistent upper gastrointestinal symptoms despite proton pump inhibitor therapy: the PASS (Proton pump inhibitor Acid Suppression Symptom) Test. *Can J Gastroenterol* 2005;19:350-8.
12. Jaspersen D, Kulig M, Labenz J *et al.* Prevalence of extra-oesophageal manifestations in gastro-oesophageal reflux disease: an analysis based on the ProGERD study. *Aliment Pharmacol Ther* 2003 April;1515-20.



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