RESULTS OF ALEGRIA, A REAL LIFE EVALUATION OF GERD IMPACT OF SYMPTOM ASSESSMENT IN BELGIUM

**OBJECTIVES:** The aim of this study was to gather epidemiological data in a GERD population and to evaluate the added value of the GERD Impact Scale (GIS) as a useful tool for patient management of GERD. The GIS (score range 1–4) is a patient questionnaire designed to aid physicians to identify the appropriate treatment and to evaluate the patient’s response to treatment.

**METHODS:** Patients from 296 centers with GERD and esophagitis grade A to D (LA classification) were included. The physician decided at inclusion whether to initiate or change the GERD treatment. Patients’ symptoms treatment changes and GIS were assessed during the study. **RESULTS:** 2001 patients (55 years, 52% female, BMI 26 kg/m²) were included. Median interval between first GERD onset and study entry was 1.2 years. Twenty-five percent never received any treatment, 25% received antacids, 25% H2-receptor blockers, 15% had received empiric PPI therapy and 30% PPI following endoscopy. In 99% of cases, physicians prescribed PPIs (esomeprazole [82%]) with a daily dose of 40 mg. The dose was changed to 20 mg at visit 2 in 60% of patients. The severity of GERD symptoms decreased throughout the study with 89% of patients having moderate or severe GERD in visit1, 31% in visit 2 and 14% in visit 3. Concurrently, the GIS scores decreased significantly (−1.18 for upper GI symptoms, −1.07 for other related GI symptoms and −0.96 for the impact on life). GIS scores correlated significantly but moderately with the physician’s clinical judgment and weakly with endoscopy findings. GIS was judged useful for 80% of patients. **CONCLUSIONS:** GIS scores improved with GERD PPI treatment and were judged helpful by the physician. GIS may thus have an added value over these assessments in determining the appropriate treatment and evaluating the patient’s response to this treatment.

**ALEGRIA, A REAL LIFE EVALUATION OF GERD (GASTROESOPHAGEAL REFUX DISEASE) IMPACT OF SYMPTOM ASSESSMENT IN LUXEMBOURG**

**OBJECTIVES:** The aim of this observational study was to gather epidemiological data not yet available in Luxembourg in a primary care patient population with GERD with a history of erosive esophagitis (≥3 years) and to evaluate the supposed added value of the GERD Impact Scale (GIS) as a useful tool for initial and follow-up long-term patient management of GERD. The GIS (score range 1–4) is a novel patient questionnaire designed to aid physicians to identify the appropriate treatment and to evaluate the patient’s response to treatment.

**METHODS:** Consecutive patients from 20 study centers with symptomatic GERD with or without esophagitis grade A to D (Los Angeles classification) were included. The physician decided at inclusion whether to initiate or change the GERD treatment. Exclusion criteria included current use of proton pump inhibitors (PPIs). Patients’ symptoms, general evaluation by the physician, treatment changes and GIS were assessed at baseline (visit 1) and visits 2 and 3 (4–6 weeks and 8–14 weeks, respectively). Analyses were performed on an intent-to-treat basis. GIS scores were obtained by the physician at each visit. **RESULTS:** A total of 142