

## Acid Reflux Disease HRA — Client Review Document

### Overview

The Acid Reflux Disease HRA is an online application that screens adults between the ages of 20 and 89 for symptoms of gastroesophageal reflux disease (GERD). The purpose of the application is to identify consumers who should undergo additional screening for GERD in a primary care setting. It also identifies consumers diagnosed with GERD whose poor symptom control should be evaluated by primary care.

### Main Scientific Basis

This application uses GerdQ,<sup>1</sup> a validated screening tool for GERD. It is cited by the American Academy of Family Physicians as a tool that can enhance diagnostic accuracy of GERD and decrease inappropriate endoscopy.<sup>2</sup>

GerdQ assesses heartburn, regurgitation, stomach pain, nausea, trouble sleeping because of symptoms, and need for over-the-counter medication in addition to prescription medication. Each question is scored on a 0 to 3 point scale, with a maximum point total of 18. An overall score of 9 or higher indicates that GERD is likely.<sup>3</sup>

In addition to the questions from GerdQ, consumers are asked if they have chronic cough, chronic hoarseness, chronic laryngitis, or chronic sore throat. Serious symptoms of chest pain, painful swallowing and unexplained weight loss are also assessed, which triggers a result of “Seek Medical Attention.” They are also asked about risk factors for GERD<sup>4,5</sup> and several healthy lifestyle/diet habits.<sup>4</sup> These questions are used solely for educational purposes.

### Primary Result

The primary result for this application is the **Symptom Assessment**.

Consumers who have not been diagnosed with GERD will see one of the following:

- See a Doctor for Evaluation (*GerdQ score of 9 or higher*)
- Ask a Doctor About Your Symptoms (*GerdQ score of 1 to 8*)
- Acid Reflux Disease Not Likely (*GerdQ score of 0*)

Consumers who have been diagnosed with GERD will see one of these results:

- See a Doctor About Symptom Control (*GerdQ score of 1 or higher*)
- Symptoms Well-Controlled (*GerdQ score of 0*)

### References

1. Jones R, Junghard O, Dent J, et al. Development of the GerdQ, a tool for the diagnosis and management of gastroesophageal reflux disease in primary care. *Aliment Pharmacol Ther.* 2009;30(10):1034. doi: <https://doi.org/10.1111/j.1365-2036.2009.04142.x>
2. Anderson W, Strayer S, Mull S. Common Questions About the Management of Gastroesophageal Reflux Disease. *Am Fam Physician.* 2015;91(10):692-697. <http://www.aafp.org/aafp/2015/0515/p692-s1>

3. Jonasson C, Wernersson B, Hoff DA, Hatlebakk JG. Validation of the GerdQ questionnaire for the diagnosis of gastro-oesophageal reflux disease. *Aliment Pharmacol Ther.* 2013;37:564–572. doi: <https://doi.org/10.1111/apt.12204>
4. Hiltz S, Black E, Modlin I, et al. American Gastroenterological Association Medical Position Statement on the Management of Gastroesophageal Reflux Disease. *Gastroenterology.* 2008;135: 1383-1391. doi: <https://doi.org/10.1053/j.gastro.2008.08.045>
5. Xiao-Meng S, Jia-Cheng T, Ying Z, Lin L. Association between diabetes mellitus and gastroesophageal reflux disease: A meta-analysis. *World J Gastroenterol.* 2015; 21(10): 3085–3092. doi: <http://dx.doi.org/10.3748/wjg.v21.i10.3085>