Provincial GERD Primary Care Clinical Pathway

1. Suspected GERD
- Predominant symptoms of heartburn +/- regurgitation
- If chest pain predominant, do cardiac workup

No

2. Is it dyspepsia?
- Epigastric discomfort/pain
- Upper abdominal distention or bloating

Yes → Follow Dyspepsia Pathway

Yes

3. Alarm features
- Unintended weight loss (>5% over 6-12 months)
- Progressive dysphagia
- Odynophagia
- Persistent vomiting (not associated with cannabis use)
- Black stool or blood in vomit (see link above for Primer on Black Stool and High Risk Rectal Bleeding Pathway). If yes, do CBC, INR & BUN as part of referral
- Iron deficiency anemia (see link above for Iron Primer and Iron Deficiency Anemia Pathway)
- Abdominal mass

Yes → 7. Refer for consultation/endoscopy. See referral guideline tab for details.

For more information on Esophageal Cancer Prevention and Screening

No

4. Risk assessment for Barrett's esophagus

Consider one-time screening endoscopy in those with **chronic GERD (>5 years) and/or frequent symptoms of GERD (weekly or more) + ≥ 3 risk factors** from:
- Male sex
- Age > 50
- Caucasian
- Current or past history of tobacco smoking
- Central Obesity (waist circumference > 88cm in women and > 102cm in men)
- Family History of esophageal cancer

Consider screening in those with sleeve gastrectomy

High Risk for Barrett's

Continue with medical management regardless of screening requirement and while awaiting results

No

5. Non-pharmacological therapy
- Smoking cessation, weight loss, use of food/symptom journal to explore triggers
- Choose smaller, more frequent meals throughout the day
- Avoid lying down after eating. For those with nocturnal GERD, avoid meals 3 hours before bedtime
- Consider elevating head of bed 4-6" using block or foam wedges

Ineffective

6. Pharmacological therapy

Mild, infrequent symptoms < 2 times/week → Yes → H_2RA or Antacids (PRN)

No

Symptoms ≥ 2 times/week → Yes → PPI trial once daily for 4-8 weeks

Symptoms resolve → Discontinue or titrate down to lowest effective dose

Symptoms return → PPI maintenance
- Lowest effective dose
- Consider annual trial of deprescribing

Inadequate response → Optimize PPI twice daily for 4-8 weeks → PPI trial once daily for 4-8 weeks

If unsatisfactory response, consider using an advice service before referring. See referral guideline tab for details.