

## **GERD in the elderly: an endoscopic experience**

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**Introduction:** Gastro-Esophageal Reflux Disease (GERD) is very common, frequently under-diagnosed, gastrointestinal disease in elderly, unusually more severe than young patients frameworks. Here we conducted a study of our endoscopic series in order to assess prevalence and clinical characteristics of GERD in the elderly.

**Materials and methods:** We retrospectively studied patients underwent esophagogastroduodenoscopy (EGD), with symptoms referred to the upper gastrointestinal tract (heartburn, chest pain, dysphagia, regurgitation, and dyspepsia), and/or anemia of unknown origin.

**Results:** 3663 patients with GERD-related symptoms underwent EGD, 2594 aged <65 years old (GROUP A) and 1069 aged  $\geq 65$  years old (GROUP B). GROUP B patients showed more frequently severe esophagitis (6% vs. 11%), hiatal hernia (45% vs. 74%), duodenal ulcer (4% vs. 20%), dysphagia (2% vs. 6%), dyspepsia (7% vs. 14%) and anemia (1% vs. 6%) compared to GROUP A, while in this last one regurgitation (33% vs. 24%) and chest pain (16% vs. 11%) were more frequent compared. Heartburn had a frequency similar between groups (39% vs. 40%). Valuing effectiveness of acute therapy and long-term treatment, proton-pump inhibitors showed the highest rates of healing and symptoms remission, without differences between elderly and younger patients.

**Discussion:** our results underlined the importance of this disease in elderly patients, at high risk because of comorbidities and polypharmacy. After EGD, severe esophagitis was found more frequently as well as the association with other diseases, such as hiatal hernia or duodenal ulcer.