



Effective Health Care

H2RAs and PPIs for the Treatment of Gastroesophageal Reflux Disease (GERD)

Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Histamine 2-Receptor Antagonists (H2RAs) and Proton Pump Inhibitors (PPIs) for the treatment of GERD was found to be addressed by an in-process update to the 2005 AHRQ comparative effectiveness review titled *Comparative Effectiveness of Management Strategies for Gastroesophageal Reflux Disease*. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed during the process of the review. Given that the report underway covers this nomination, no further activity will be undertaken on this topic.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/getinvolved.cfm?invovetype=subscribe>.

Topic Description

Nominator: Public payer

Nomination Summary: The nominator is interested in the comparative effectiveness of Proton Pump Inhibitors (PPIs) and Histamine 2-receptor antagonists (H2RAs) for treatment of reflux and cancer prevention. In addition, the nominator is interested in an algorithm for the long-term use of H2RAs and PPIs.

Key Questions from Nominator: None

Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>).
- The 2005 AHRQ report titled *Comparative Effectiveness of Management Strategies for Gastroesophageal Reflux Disease* is in the process of being updated. Since some of the endoscopic interventions to treat GERD included in the 2005 report are no longer in use in clinical practice, it was

determined that an update of this report is necessary. This update will address many aspects of this nomination.

■ Key questions addressed in this report are:

1. What is the evidence of the comparative effectiveness of medical, surgical, and endoscopic treatments for improving objective and subjective outcomes in patients with chronic GERD? Is there evidence that effectiveness varies by specific techniques/procedures or medications? Objective outcomes include esophagitis healing, ambulatory pH, other indicators of reflux, need for medication, healthcare utilization, and incidence of esophageal stricture, Barrett's esophagus, or esophageal adenocarcinoma. Subjective outcomes include symptom frequency and severity, sleep/productivity, and overall quality of life.
2. Is there evidence that effectiveness of medical, surgical, and endoscopic treatments vary for specific patient subgroups? What are the characteristics of patients who have undergone these therapies, including the nature of previous medical therapy, severity of symptoms, age, sex, weight, other demographic and medical factors, or by specific patient subgroups, and provider characteristics for procedures including provider volume and setting (e.g., academic versus community)?
3. What are the short- and long-term adverse effects associated with specific medical, surgical, and endoscopic therapies for GERD? Does the incidence of adverse effects vary with duration of follow-up, specific surgical intervention, or patient characteristics?