

REFLUX IN THE ELDERLY ESOPHAGUS CLINICAL INFLAMMATION RESEARCH STUDY ENTER EXHIBITION

Nancy Gange

Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland.

Abstract: Reflux esophagitis (RE) in the elderly It is a digestive tract dysfunction disease characterized by acid reflux and heartburn, which seriously affects the elderly. patient's quality of life. In recent years, research on gastroesophageal reflux disease has continued to deepen, making the elderly RE also received widespread attention. This article will start from the elderly RE The pathogenesis, Western medicine treatment and traditional Chinese medicine treatment are reviewed to improve the clinical understanding of the elderly re-understanding.

Keywords: Reflux esophagitis; Gastroesophageal reflux disease; Pathogenesis; Treat; Overview

1 INTRODUCTION

Gastroesophageal reflux disease (gastroesophageal reflux disease, GERD) It is a gastroesophageal motility disorder caused by various reasons, mainly dysfunction of the lower esophageal sphincter. The main clinical manifestations are heartburn and reflux. According to its endoscopic manifestations, it can be divided into reflux esophagitis (reflux esophagitis, RE), non-erosive reflux disease, and Barrett Food Tube. Currently, GERD Treatment is mainly with proton pump inhibitors (proton pump inhibitor, PPI), most patients' symptoms were relieved after treatment, and after standard PPI treatment plan treatment 8 Patients whose symptoms do not improve after weeks can be diagnosed as refractory RE. Due to muscle relaxation, reduced muscle tone, and delayed gastric emptying in the elderly, GERD The incidence rate of RE Most common. This article focuses on the elderly in recent years RE of Clinical research progress is reviewed to improve the RE understanding.

In recent years, GERD The clinical incidence rate is increasing year by year, and its incidence rate in North America is as high as 27.8%, as high as 27.8% in Europe 25.9%, its Medium RE The prevalence rate reaches 2%, while the prevalence among the elderly is as high as 5% [1-3]. Meta analysis shows that China The prevalence of GERD is 12.5%, and elderly The incidence of human disease is increasing year by year [4]. It can be seen that GERD The incidence rate is gradually increasing, and the incidence of treatment-related complications is high, seriously affecting the patient's quality of life [5].

2 ELDERLY RE THE PATHOGENESIS OF

RE The causes are complex, including bad eating habits, drug injuries, etc. Cause lower esophageal sphincter dysfunction or transient lower esophageal sphincter Relaxation, resulting in structural and functional abnormalities of the antireflux barrier, common Achalasia, hiatal hernia, esophageal motility abnormalities, etc. can cause RE occur. Some scholars believe that eradication treatment of *Helicobacter pylori* will increase RE risk of disease [6]. Some scholars believe that emotions such as depression and anger can inhibit gastrointestinal motility, that is, mental and psychological factors have an impact on gastrointestinal function [7-8], and The more severe the anxiety and depression in patients with RE, the more The decrease in amines and the increase in galanin are more obvious [9], which may be related to the fact that long-term anxiety, depression and other mental factors can promote the activation of the hypothalamic- pituitary- adrenal axis mediated by adrenocortical releasing hormone, thereby producing gastrointestinal symptoms. Research shows that mental and psychological factors can pass through the immune- neurological-The endocrine conduction system affects gastrointestinal motility, most GERD The patient has a significant decrease in vagus nerve activity and an increase in sympathetic nerve activity, that is, an imbalance in autonomic nervous system regulation [10]. Current treatment with anti-anxiety and antidepressant drugs RE The clinical efficacy of RE Disease related. Studies have shown that because the elderly have many basic diseases, oral anticholinergic drugs, theophylline drugs, etc. Produce direct or indirect damage to the gastroesophageal mucosa and promote gastroesophageal reflux [12]. In addition, because the elderly have muscle Conditions such as muscle laxity, reduced muscle tone, and delayed gastric emptying also directly cause the elderly to be more susceptible to gastroesophageal reflux than young people.

3 RE WESTERN MEDICINE TREATMENT

Thereby reducing the irritation of reflux material to the esophageal mucosa. The research by Li Jun et al. [13]. Studies show that long-term use PPI Preparations can improve aging RE The patient's clinical symptoms and endoscopic esophageal mucosal lesions need to be alert to the occurrence of upper gastrointestinal tumors. There are also meta-analyses abroad that show that elderly people taking low doses for a long time PPI Preparations for

controlling the elderly RE It has a more obvious effect on atypical symptoms, such as dysphagia, weight loss and extraesophageal symptoms [14]. The above research results indicate that PPI Preparation for the treatment of RE in the elderly of effective drugs. In addition, drug treatments include gastric motility drugs such as domperidone, mosapride, etc., but currently there are no motility drugs for the treatment of GERD. There is still considerable controversy over its efficacy [15-17]. But it is undeniable that prokinetic drugs can increase the pressure of the lower esophageal sphincter, stimulate esophageal peristalsis, promote gastric emptying, and enhance the ability of the esophagus to remove acidic substances to a certain extent. Li Haixia et al [18] Studies have shown that taking a larger dose of domperidone orally at one time can reduce the frequency of acid reflux and reduce the incidence of transient lower esophageal sphincter relaxation accompanied by acid reflux. At present, gastric motility drugs are generally not used alone to treat the elderly. RE is often used clinically in combination with acid suppressants. Participation due to mental and psychological factors GERD The pathogenesis of the disease has gradually been recognized. In recent years, neuromodulators combined with acid-suppressing drugs have been gradually used clinically in the elderly. RE of treatment. Zhang Li et al [19] Studies have shown that the use of antacids combined with anti-anxiety and depressant drugs (Delexin combined with esomeprazole) Treat old age RE It can not only improve patients' anxiety and tension, but also improve symptoms such as acid reflux and heartburn. But current clinical trials only show that neuromodulators have an effect on older people. RE It has potential therapeutic effects in patients, but there is still a lack of research on patients' reflux parameters, anxiety or depression status, and visceral hypersensitivity [20].

Currently, endoscopic treatment RE Mainly include endoscopic injection therapy, Stretta radiofrequency ablation, endoscopic intraluminal fundoplication and suturing, and anti-reflux mucosal resection 4 species [21-22], among which endoscopic Intraluminal fundoplication and suturing are the most widely used. " Chinese Stomach" "Esophageal Reflux Disease Expert Consensus " points out that patients who require long-term medication and voluntarily undergo surgical treatment GERD patients, or concurrent Barrett Esophageal and severe esophagitis People with GERD may experience twenty four h pH monitoring proved moderate or severe reflux accompanied by atypical symptoms such as asthma, hoarseness, cough, chest pain and aspiration, and esophageal manometry ruled out abnormal esophageal motility. However, patients with complications such as dysphagia and hiatal hernia can be treated with endoscopic surgery [23]. Endoscopic treatment can not only effectively alleviate refractory RE It has the advantages of being minimally invasive and safe, and has gradually attracted attention in recent years. However, more clinical data are still needed to further confirm its safety and durability. In addition, laparoscopic Nissen Fundoplication is also widely used abroad, but the beneficiaries should be strictly selected before surgery. group to reduce the impact on patients' postoperative quality of life [24]. Zhang Hong et al [25] compared laparoscopic Nissen Fundoplication combined with highly selective vagotomy and traditional fundoplication treatment GERD patient The curative effect of RE Provides new ideas and methods.

4 RE THE CAUSES, PATHOGENESIS AND TREATMENT OF TRADITIONAL CHINESE MEDICINE

" reflux esophagitis " in Chinese medicine, but According to its clinical manifestations, it can be classified as " acid vomiting " and " reverse reaction ". Stomach "" noisy " Categories such as " epigastric pain " and " esophageal fistula " [26]. Tradition Traditional Chinese medicine believes that the causes of RE are mostly related to diet and emotions. Improper diet, excessive food, sweet and greasy food, etc. Love of spicy food and alcoholism can lead to gastric disharmony and stomach qi ascending and reversing ; Poor emotions and anger damage the liver, causing disharmony between the liver and stomach; In addition, excessive fatigue and long-term illness may damage the spleen, resulting in spleen and stomach deficiency. Weakness can also lead to RE happened. In short, RE The pathogenesis of TCM can be summarized as liver and gallbladder failure to relieve diarrhea, stomach failure to maintain harmony, and stomach qi to rise and reverse. Pan Zhongyi et al. [27] believe that RE The main disease locations are above the stomach, chest and diaphragm, and the spleen and liver. The relationship between gallbladder and gallbladder is relatively close, and " cold, heat, deficiency and excess " is the syndrome differentiation program. " Suwen Zhi Zhen Yao Da Lun " says, " All vomiting and acidity are due to heat." Currently, according to RE Its clinical manifestations and pathogenesis evolution process can be divided into seven syndromes: liver-stomach disharmony, liver-stomach stagnation and heat, spleen and stomach deficiency and cold, stomach yin deficiency, qi stagnation and phlegm-heat, qi stagnation and blood stasis, and spleen deficiency and phlegm obstruction. type. Chinese treatment RE Mainly adopts the method of syndrome differentiation and treatment, and commonly used prescriptions include Zuojin Pills, Bupleurum Shugan Powder, Banxia Xiexin Decoction, etc. The study by Yan Xiuli et al. [28] showed that using traditional Chinese medicine syndrome differentiation combined with rabeprazole treatment GERD The efficacy is better than that of rabeprazole alone. The study by Zhang Tingting et al [29] showed that compared with the use of omeprazole alone, the use of Buzhong Yiqi decoction combined with omeprazole in the treatment of senile patients with moderate Qi inversion type is better. RE can significantly improve patients' symptoms such as acid reflux, stomach pain, and belching. It can be seen that traditional Chinese medicine treats the elderly RE It has obvious clinical efficacy, but it needs to be treated based on syndrome differentiation and combined with acid-suppressing drugs. In addition, acupuncture treatment RE Also achieved good results. Liu Yusheng et al [30] Studies have shown that compared with oral omeprazole, acupuncture treatment using the method of strengthening the spleen, regulating qi, and stomach RE can significantly improve patients' symptoms such as heartburn, acid reflux, and chest pain, and its efficacy is better than oral administration. Prazole. Liu Binghui et al [31] Research shows that compared with the treatment of cimetidine

combined with domperidone tablets, Liujun Shugan prescription combined with acupuncture therapy is more effective in treating elderly patients. RE The efficacy is better and the recurrence rate is lower.

5 SMALL KNOT

With old age RE The incidence of PPI is increasing year by year, people's understanding of its pathogenesis is deepening, and its treatment methods are also constantly developing. PPI Although preparations are the preferred treatment option, long-term use can easily lead to adverse reactions, and the recurrence rate after treatment is high. The clinical efficacy of gastromotility drugs is highly controversial. In addition, although anti-reflux surgery is currently the most effective method Treatment options, but for the elderly, there may be situations such as intolerance due to frailty. Therefore, Western medicine treats the elderly RE There are certain limitations. Chinese treatment RE Mainly based on syndrome differentiation and physical analysis, Different prescriptions and medicines are used for treatment according to individual conditions. With the help of Western medicine diagnosis Judgment, traditional Chinese medicine syndrome differentiation and treatment, prevention before the disease occurs, and preventing the disease from becoming worse. Research RE of The correlation between endoscopic manifestations and TCM syndrome types can provide guidance for TCM syndrome differentiation and treatment. For reference, the treatment of integrated traditional Chinese and Western medicine RE has certain guiding significance.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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