The Relationship Between Existence of Typical Symptoms and Psychological Factors in Patients With Erosive Esophagitis


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Background/Aims
In Asian countries including Korea, the prevalence of gastroesophageal reflux disease (GERD) is on the rise and its clinical impact has been emphasized. The purpose of this study was to investigate the clinical characteristics of esophagitis patients with or without symptoms, and their association with psychological factors.

Methods
Subjects diagnosed as erosive esophagitis of Los Angeles-A or more in screening by upper gastrointestinal endoscopy were enrolled. Questionnaires regarding GERD symptoms and Symptom Checklist-90-Revision were used to identify the presence of psychological symptoms.

Results
There was no difference between the subjects’ general characteristics (gender, age, body mass index, smoking and alcohol intake) according to the existence of typical symptoms in these patients with erosive esophagitis. Patients with typical GERD symptoms were more likely to have atypical symptoms, dyspepsia and higher scores on psychological symptoms (somatization, obsessive-compulsiveness and phobic anxiety) than those without.

Conclusions
Psychological symptoms and other gastrointestinal symptoms should be considered in the patients with erosive esophagitis. (J Neurogastroenterol Motil 2012;18:284-290)

Key Words
Esophagitis; Gastroesophageal reflux; Psychological test
Introduction

Gastroesophageal reflux disease (GERD) is defined as a disorder in which gastric contents reflux recurrently into the esophagus, causing troublesome symptoms and/or complications. This disorder can be classified into non-erosive reflux disease (NERD), erosive reflux disease (ERD), Barrett’s esophagus and so on, depending on the endoscopic findings.

In the West, the proportion of the people experiencing typical GERD symptoms such as heartburn and acid regurgitation reaches 20%-40% in the general population and the prevalence of GERD is known to be 10%-20%. In Korea, the prevalence of patients with typical GERD symptoms is as low as 3.5%-8.5%. In Korea and other Asian countries, the prevalence of GERD is lower than in the West but, has been increasing and its importance has recently been emphasized.

GERD symptoms may develop in response to psychosocial factors as well as organic etiologies. Psychosocial factors can affect the development of symptoms, responses to treatment and quality of life. There have been many studies on the relationship between GERD symptoms and psychosocial factors. However, few studies restricted enrollment of patients with endoscopically-confirmed erosive esophagitis. In addition, not much is known about the differences in characteristics between symptomatic and asymptomatic GERD patients.

In the present study, we compared the baseline characteristics of patients with or without typical GERD symptoms. We investigated whether atypical symptoms of GERD and symptoms of functional dyspepsia (FD) are associated with the presence of typical symptoms of GERD. And we also investigated the correlation of typical GERD symptoms with psychological factors in esophagitis patients.

Materials and Methods

From September 2007 to September 2008, among the patients who visited the Hanyang University Hospital for a routine check-up, patients diagnosed with erosive esophagitis Los Angeles (LA)-A or more were enrolled. At the same time the patients completed a questionnaire relating to GERD (age, body mass index, alcohol intake, smoking, past history of GERD, typical or atypical symptoms of GERD and symptoms of functional dyspepsia), as well as the Symptom Checklist-90 Revision (SCL-90-R) to identify psychological symptoms. We had obtained consent from the patient using the questionnaire. The definition of GERD was based on the Montreal definition and Asia-Pacific consensus, and the definition of FD was found on the Rome III criteria.

Typical and Atypical Symptoms of Gastroesophageal Reflux Disease

We considered heartburn and/or acid regurgitation as typical GERD symptoms. Heartburn was defined as having more than one of the following 4 symptoms more than once a week.

1. Burning or stinging sensation of the anterior chest
2. Burning or hot sensation of the substernal area or pit of the stomach
3. Burning sensation like having powdered red pepper on the chest
4. Hot and uncomfortable sensation when drinking water

We defined the symptom of regurgitation as a perception of refluxed gastric contents in the mouth or hypopharynx more than once a week. Atypical GERD symptoms including hoarseness, globus and chronic cough were also examined. Hoarseness was defined as having a horse throat, and globus as having the sensation of a foreign body in the throat or pit of the stomach. Chronic cough was defined as coughing at night or frequent coughing without having a cold. Atypical symptoms were scored when they occurred more than once a week.

Patients with typical GERD symptoms were classified as belonging to the symptomatic erosive esophagitis (SEE) group and patients without typical symptoms were classified as belonging to the asymptomatic erosive esophagitis (AEE) group. Therefore, patients without typical GERD symptoms were classified in the AEE group whether they had atypical GERD symptoms or symptoms of FD or no symptoms.

Symptoms of Functional Dyspepsia

Symptoms of FD included epigastric pain, epigastric burning, early satiation and postprandial fullness. Epigastric pain or burning was defined as painful or burning sensation in the epigastric area at least once a week during the previous 3 months, with onset at least 6 months previously, and this symptom had to be discontinuous and not relieved by defecation. Early satiation was defined as a feeling that the stomach was overfull soon after starting to eat so that the meal could not be finished. This symptom should have occurred more than 3 times per week over the previous 3 months, with onset at least 6 months previously. Postprandial fullness was an unpleasant sensation like the pro-