CORRECTION OF PSYCHOEMOTIONAL STATUS IN GASTROESOPHAGEAL REFLUX DISEASE

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Are presented results oflife-qualitychanges' evaluation of patients suffering from gastro-esophageal reflux disease and efficacy of selective neuroleptic sulpirid. The results of the research showed that sulpirid in complex with proton pump inhibitors elucidate efficiency of the consistent therapy by diminishing such symptoms of the disease as heartburn, regurgitation more effectively and sufficiently leads to normal peculiarities of the patients' life-qualitypropencity.

Gastroesophageal reflux disease (GERD) is still one of the leading pathologies in terms of prevalence among gastroenterological diseases. Thus, epidemiological studies in recent years have shown that 7-11% of the adult population of the USA and Canada experiences heartburn every day, 12% at least once a week, and 40-50% once a month [6]. In Russia, the prevalence of GERD among the adult population is 40-60%, and in 45-80% of individuals, esophagitis is detected [1, 3].

One of the aspects of the clinical significance of this disease is the effect of the disease on the quality of life of patients. Thus, studies have shown that GERD patients themselves rate their quality of life lower than patients with coronary heart disease [3, 5, 6].

The idea of a violation of the quality of life turns out to be basic in the light of this concept of GERD. The concept of quality of life implies not only the absence of illness, but also physical, psychological, social well-being and the possibility of self-realization of the individual. Indeed, a significant number of cases of GERD are diagnosed in the absence of its organic manifestations (erosive esophagitis, Barrett's esophagus) only on the basis of reflux symptoms and a negative assessment of the patient's physical health and psychological state due to these symptoms.

The main manifestations of GERD that reduce the quality of life are heartburn and regurgitation [5,7,8]. In studies conducted by Revicki D.A. et al. It is reported that

in the study of patients with GERD who had a history of heartburn, but there were no endoscopic changes in the esophageal mucosa, the revealed results of the quality of life assessment were significantly lower than normal for all indicators of the SF–36 scale [9].

GERD therapy includes recommendations for lifestyle changes, nutrition of patients and drug therapy aimed at preventing gastroesophageal reflux, reducing the aggressiveness of reflux and protecting the esophageal mucosa from its damaging effects. The main direction in the drug therapy of GERD is currently the use of drugs with an antisecretory effect. At the same time, the drugs of choice in GERD therapy, regardless of the clinical and endoscopic option, are proton pump inhibitors (PPIs), which effectively suppress the secretion of hydrochloric acid in the stomach, thereby contributing to maintaining a high level of intraesophageal pH for a long time. However, the use of PPIs monotherapy for the treatment of non-erosive reflux disease (NERD) does not always eliminate the symptoms of the disease. Psychological factors play a certain role in the perception of the symptoms of the disease by patients. Thus, psychological comorbidity (anxiety, tension, depression, etc.) can contribute to modulating the perception of the esophagus and make patients feel low-intensity esophageal stimuli as painful. Accordingly, the multifactorial pathogenesis of GERD and the ineffectiveness in some cases of standard antisecretory therapy, especially in patients with NERD, determines the relevance of the search for alternative drugs in the treatment of this disease.

Thus, the main goal of drug treatment of GERD patients is to eliminate its clinical manifestations, pathological changes in the esophagus, prevent the progression and recurrence of the disease, respectively, and improve the quality of life of patients.

The purpose of the study. To study changes in the quality of life in GERD patients and to evaluate the effect of selective neuroleptic sulpiride in complex therapy on the quality of life of patients.

Material and methods of research. 70 GERD patients (37 men and 33 women) were selected for the study. The median age was 44 years. The diagnosis was confirmed by EGDFS data and intraesophageal pH-metry. The predominant form was non-erosive reflux disease (71%), in the structure of which 80% of patients had catarrhal esophagitis, in the rest reflux disease had no endoscopic manifestations and was detected only on the basis of complaints and pH-metry.

The patients were divided into two groups with no statistically significant differences in gender, age, and severity of the clinical and endoscopic picture.

The first (control) group consisted of 30 GERD patients who received the proton pump inhibitor rabeprazole 20 mg per day for 4 weeks. The second group included 40 GERD patients who, in addition to rabeprazole, were prescribed a selective neuroleptic sulpiride 100 mg per day, also for 4 weeks.

Control during treatment was carried out according to a single program, which included a general clinical examination, intraesophageal pH-metry, EGDFS.Symptoms associated with reflux were assessed using the Likert scale. The study of the quality of life in patients was carried out with the help of international general health questionnaires – MOS SF–36 and a special gastroenterological – GSRS [4]. EGDFS, pH-metry and quality of life studies were carried out upon admission of the patient to the hospital and 4 weeks after the completion of the course of treatment.

Results and discussion. Assessment and dynamics of GERD symptoms on the Likert scale in patients of both groups before treatment ranged from 2 to 5 points (Table 1). The most disturbing symptoms of patients included heartburn, regurgitation and belching with air. So in the control group of patients, the severity of these symptoms before treatment was: heartburn – 80%, regurgitation – 63.3%, belching – 90%. In the second group of patients, the severity of symptoms was almost similar: heartburn – 90%, regurgitation – 70%, belching – 83.3%.

The analysis of quality of life indicators using the MOS SF-36 questionnaire (Fig. 1) showed that the role of physical functioning, emotional functioning, vitality, and the pain scale change to a greater extent with GERD. When considering the quality of life of patients with GERD on the gastroenterological symptoms assessment scale (GSRS) (Fig. 2), a significant decrease in the level of quality of life was obtained on the scales of abdominal pain syndromes, dyspeptic and reflux syndrome.

The main assessment of the clinical effectiveness of GERD therapy is carried out according to the degree of relief of the main symptoms of the disease. Assessment of the dynamics of relief of symptoms on the Likert scale showed (Table. 1) that in both observed groups there was a significant decrease in the symptoms of the disease. A detailed analysis showed that when compared in both groups, relief of symptoms occurred almost identically, no significant differences in the timing of relief were revealed.

In terms of quality of life (Fig. 1), positive dynamics was noted in both groups on all scales, of which the most pronounced changes were in the scales of role functioning (RP) and pain intensity (BP), which are indicators of the physical component of health and in the scales of vital activity (VT) and role functioning (RE) of the psychological indicator the health component. So in the control group of patients, the RP indicator increased 2.5 times after 4 weeks, and the BP indicator increased 2.7 times, in the second group of patients, similar indicators increased 2.9 and 3 times compared to the baseline data.

According to the results of testing of GERD patients using the GSRS questionnaire (Fig. 2), significant positive changes in abdominal pain syndrome (AP), reflux syndrome (RS) and dyspeptic syndrome (IS) were also noted in dynamics in both groups. In the control group, the severity of abdominal pain decreased by 68.6%, reflux syndrome by 51.2% and dyspeptic syndrome by 40.7% compared to baseline indicators. In the second group, abdominal pain decreased by 66.7%, reflux syndrome by 56.1% and dyspeptic syndrome by 58.9%.

All patients tolerated the prescribed therapy well, there were no side effects and intolerance to medications. GERD therapy with the use of PPIs is undoubtedly a recognized important component in the approved international standards for the treatment of this disease, but they do not always lead to the desired result due to the polyetiological pathogenesis of GERD. The inclusion of selective neuroleptic sulpiride in the GERD therapy regimens in the study group showed significantly higher values of a number of data. In particular, significantly higher indicators of viability, role functioning, due to the emotional state and psychological component of health were revealed. Thus, the use of sulpiride has a positive effect on the quality of life of GERD patients.

Conclusions:

1. GERD significantly worsens the quality of life of patients, manifested by deterioration of the physical and psychological components of health, social adaptation and the possibility of self-realization of the individual.

2. The use of PPIs monotherapy in the treatment of GERD may not always lead to the desired success in the treatment of this disease, especially with regard to the quality of life of patients.

3. The inclusion of a selective neuroleptic sulpiride in the complex of treatment for GERD patients, in addition to PPIs, leads to an improvement in the indicators

of physical and psychological functioning in all patients and contributes to an increase in QOL, improving the effectiveness of treatment.

Table 1

Dynamics of clinical manifestations of GERD in the examined patients on the Likert scale in the dynamics of treatment

Symptoms	Group 1 (n-30)		Group 2 (n-40)	
	initially	after 4 weeks	initially	after 4 weeks
Heartburn	4,5±0,4	1,4±0,3*	4,7±0,2	1,3±0,2*
Regurgitation	3,6±0,3	1,7±0,2*	3,2±0,1	1,6±0,1*
Belching	4,3±0,5	1,3±0,1*	4,4±0,3	1,3±0,2*

Note: *- the difference is significant compared to the initial indicators

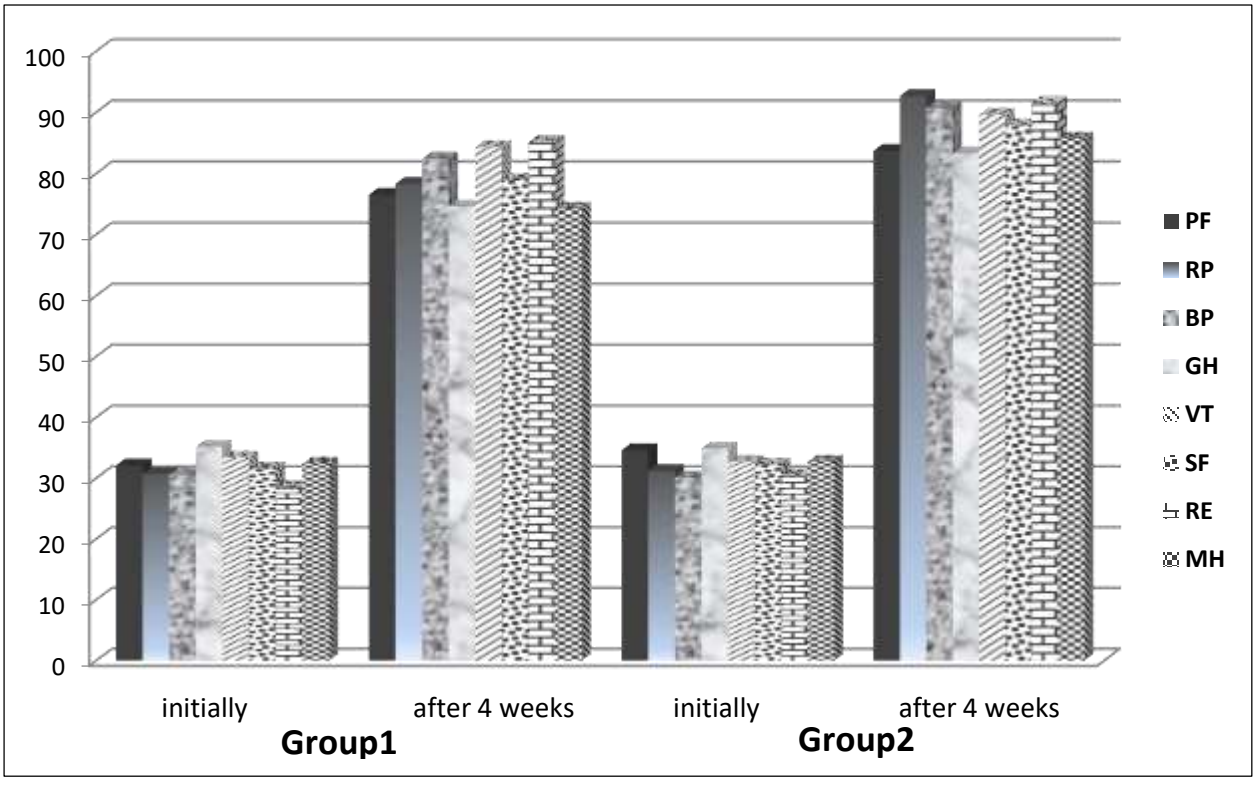
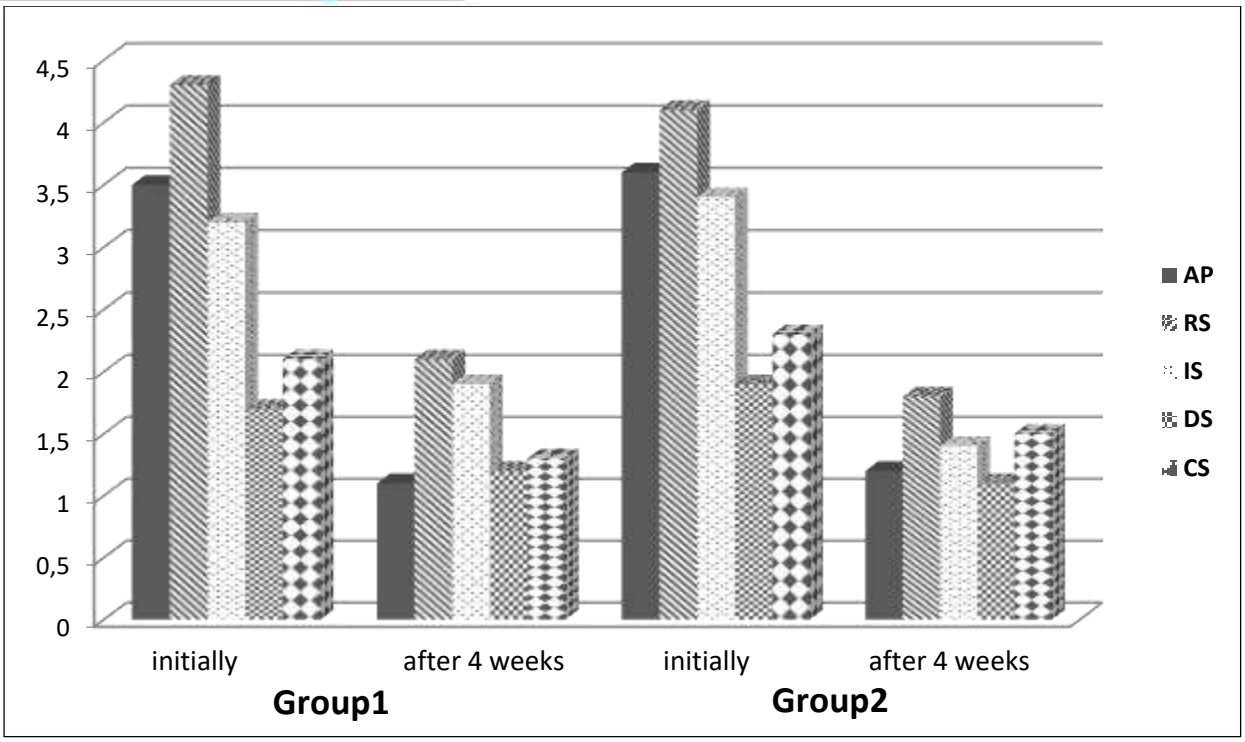


Fig.2

Indicators of the quality of life of GERD patients before and after treatment according to the GSRS questionnaire List of literature



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