

CHAPTER 17. GASTROESOPHAGEAL REFLUX DISEASE, SELF-ASSESSMENT

QUESTIONS

1. Which one of the following GERD symptom is considered complicated and requires further diagnostic evaluation?
 - A. Heartburn
 - B. Regurgitation
 - C. Chronic cough
 - D. Difficulty swallowing
 - E. Hiatal hernia

2. Extraesophageal syndrome associated with GERD refers to:
 - A. Erosions of the esophagus
 - B. Gastroesophageal reflux symptoms associated with disease processes in organs other than the esophagus
 - C. Inflammation of the esophagus
 - D. Replacement of the squamous epithelial lining in the esophagus with columnar epithelial lining
 - E. Barrett esophagus

3. Which of the following PPI regimens is/are preferred as initial treatment in a 60-year-old patient with erosive esophagitis?
 - A. Lansoprazole 30 mg once daily × 3 weeks
 - B. Pantoprazole 40 mg twice daily × 24 weeks
 - C. Esomeprazole 20 mg once daily × 8 weeks
 - D. Rabeprazole 20 mg once daily as needed

- E. Any of the above would be a preferred treatment
4. Which of the following PPIs would offer dosing flexibility relative to meal timing?
- A. Dexlansoprazole
 - B. Lansoprazole
 - C. Omeprazole/sodium bicarbonate
 - D. Omeprazole
 - E. A and C only
5. On-demand therapy would be most appropriate in patients with:
- A. Atypical symptoms
 - B. Intermittent reflux symptoms
 - C. Barrett esophagus
 - D. Erosive esophagitis
 - E. Strictures
6. Which one of the following medications may worsen the symptoms of GERD by decreasing lower esophageal sphincter pressure?
- A. Nifedipine
 - B. Alendronate
 - C. Naproxen
 - D. Quinidine
 - E. Ferrous sulfate
7. What is the best treatment regimen for a 55-year-old patient who complains of difficulty swallowing for the last 3 months?

- A. Patient-directed therapy with OTC PPI for 2 months. If no improvement, then refer to physician for further evaluation
 - B. An 8-week course of metoclopramide 10 mg three times daily. If no improvement, then refer to physician for further evaluation
 - C. An 8-week course of standard dose PPI (once daily) plus further diagnostic evaluation by physician for complicated symptoms
 - D. An 8-week course of standard dose PPI (once daily) plus standard dose H₂-receptor antagonist for breakthrough symptoms
 - E. Lifestyle modifications only
8. The goals of treatment of GERD are to:
- A. Alleviate symptoms
 - B. Promote healing of mucosal injury
 - C. Prevent complications
 - D. Decrease esophageal pH to less than 2
 - E. A, B, and C are all correct
9. Which of the following risk factors would *not* be a justification for using a PPI in a patient on clopidogrel?
- A. Prior history of upper GI bleed
 - B. Advanced age
 - C. Dual antiplatelet therapy
 - D. Erosive esophagitis
 - E. Intermittent GERD symptoms

10. Which recommendation would be most appropriate regarding calcium supplementation for prevention of bone fractures in a healthy 24-year-old woman taking omeprazole 20 mg once daily for GERD?
- A. Elemental calcium 2000 mg daily in divided doses
 - B. No calcium is needed because she does not have risk factors for osteoporosis or fractures
 - C. Elemental calcium 2000 mg daily plus vitamin D 800 units daily
 - D. Calcium citrate 500 mg four times daily
 - E. Calcium gluconate 1 gram IV every month
11. What is the best treatment option for a patient with GERD symptoms that are refractory to the initial PPI regimen?
- A. Change to a different PPI
 - B. Increase the frequency of the current PPI to twice daily
 - C. Change to a high-dose H₂-receptor antagonist regimen (eg, ranitidine 150 mg four times daily)
 - D. A and B only
 - E. A, B, and C
12. PPIs decrease stomach acid by which of the following mechanisms?
- A. Inhibiting gastric H⁺/K⁺-adenosine triphosphatase in gastric parietal cells
 - B. Inhibiting histamine₂ receptors in gastric parietal cells
 - C. Forming a viscous solution that floats on the surface of the gastric contents
 - D. Forming a protective coating over the damaged mucosa
 - E. Increasing GI motility

13. Maintenance therapy is indicated for patients with:
- A. Continued symptoms after PPI discontinued
 - B. Barrett esophagus
 - C. Erosive esophagitis
 - D. Extraesophageal syndromes associated with GERD
 - E. All of the above
14. Which of the following is *not* considered a potential risk associated with the use of PPIs?
- A. Clostridium difficile infections
 - B. Community-acquired pneumonia
 - C. Hyperkalemia
 - D. Bone fractures
 - E. Hypomagnesemia
15. Which of the following surgical options for GERD would be preferred in a morbidly obese patient?
- A. Transoral incisionless fundoplication
 - B. Vertical banded gastroplasty
 - C. Application of radiofrequency energy to the lower esophageal sphincter
 - D. Bariatric surgery with Roux-en-Y gastric bypass
 - E. Any of the above options would be acceptable

ANSWERS

- 1. D
- 2. B
- 3. C

4. E
5. B
6. A
7. C
8. E
9. E
10. B
11. D
12. A
13. E
14. C
15. D