On completion of the chapter, the reader will be able to:

1. Explain the pathophysiology mechanisms associated with gastroesophageal reflux disease (GERD).
2. Distinguish between symptom-based (typical or alarm); esophageal tissue-based (esophagitis, strictures, Barrett's esophagus, or esophageal adenocarcinoma) esophageal GERD syndromes and extraesophageal GERD syndromes (chronic cough, laryngitis, or asthma).
3. Identify alarm symptoms that mandate further diagnostic evaluation.
4. List medications or foods that can worsen the symptoms of GERD.
5. Discuss the risk factors that can predispose a patient to GERD.
6. Discern which diagnostic test is appropriate based on the patient's clinical presentation.
7. Describe the goals of treating a patient with GERD.
8. Debate the benefits and limitations of lifestyle modifications in the treatment of GERD.
9. Compare and contrast the differences between patient-directed therapy, pharmacologic therapy (with acid suppression agents), and interventional approaches to treating GERD.
10. Discuss the benefits of proton pump inhibitors over H$_2$-receptor antagonists in the treatment of moderate to severe GERD.
11. Evaluate a patient's medication profile for potential drug-drug or drug-food interactions.
12. Monitor for potential adverse drug reactions associated with GERD therapies.
13. Assess the need for maintenance therapy in a patient with GERD.
14. Describe the potential options available for maintenance therapy of GERD.
15. Develop a pharmaceutical care plan for managing a patient with GERD.