ABSTRACT

Objectives: 1) Establish the prevalence of laryngopharyngeal reflux (LPR) in patients seen by a gastroenterologist for gastroesophageal reflux disease (GERD). 2) Understand the ramifications that this may have on patient care as well as on referral practices.

Methods: All patients seen by a gastroenterologist group at an endoscopy center over a 1-year period were identified from the billing records. Of 120 patients, 117 had RSI scores calculated, and 108 patients had electronic medical records on which to base the diagnosis of LPR. The RSI is a validated tool for identifying reflux in patients with LPR. The connection between hiatal hernia and LPR has not been well elucidated. The prevalence of clinical hernia in patients with GERD ranges from 30% to 70% and some studies report that 30% of patients with hiatal hernia have symptoms of GERD. Patients with hiatal hernias diagnosed by EGD may have symptoms of GERD.

Results: A significant proportion of patients seen in a gastroenterology practice (20%) were found to have symptoms strongly suggestive of LPR. These patients may be undertreated and referral to an otolaryngologist for additional management should be considered. There was no significant difference in RSI between patients with and without hiatal hernia. The mean RSI for patients with hiatal hernia was 9.60 (SD 3.43) vs. 10.55 (SD 3.60) for those without hiatal hernia. The mean RSI for patients with hiatal hernia was 9.55 (SD 2.87) vs. 10.55 (SD 3.60) for those without hiatal hernia. The mean RSI for patients with hiatal hernia was 9.55 (SD 2.87) vs. 10.55 (SD 3.60) for those without hiatal hernia. The mean RSI for patients with hiatal hernia was 9.55 (SD 2.87) vs. 10.55 (SD 3.60) for those without hiatal hernia. The mean RSI for patients with hiatal hernia was 9.55 (SD 2.87) vs. 10.55 (SD 3.60) for those without hiatal hernia.

Conclusions: The presence or absence of a hiatal hernia did not show any significant correlation to the RSI score. Patients with hiatal hernia did not have an RSI score of 11 (SD 2.28) and those without had an RSI of 13 (SD 2.28). This was not a significant difference. There was no significant difference in age, sex, or whether medications helped their symptoms. This was a cross-sectional study. Approval was obtained from the SUNY Downstate Institutional Review Board. The billing records of patients seen at the Parkside Practice of 7 different attendings. The accuracy and interrater reliability of this method was found to be high. The RSI score was extrapolated whether they had LPR. And with any telephone interview, there is an inherent selection bias.