Gastroesophageal Reflux Disease in Indonesia

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Gastroesophageal reflux disease (GERD) is one of the problems in gastroenterology which causes major disturbance in the quality of life and daily activity. GERD can be divided into erosive and non-erosive type. GERD develops by many factors i.e. anatomical and physiological disorder, hereditary or acquired factors, genetic, diet, certain drugs, and obesity. The principle pathophysiology of GERD is an imbalance between aggressive factors and defensive factors. The aggressive factors include gastric acid, pepsin, bile acid reflux, and trypsin. The defensive factors include hypotensive lower esophageal sphincter (LES), transient lower esophageal sphincter relaxations (TLESR), hiatal hernia, disrupted saliva production, esophageal peristaltic disorder.[1] The complications of GERD divided into esophageal and extra esophageal complications. The complications in the esophagus which can be found are bleeding, stricture, perforation, Barret's esophagus and esophageal cancer. The complications in the extra esophagus are sore throat, tonsillo-pharyngitis, sinusitis, laryngitis, dental caries, pneumonia, asthma bronchiale, etc.[2]

Studies in Indonesia reveal that GERD is increasing recently. Syam et al. reported that the prevalence of GERD in Cipto Mangunkusumo hospital was increasing from 5.7% in 1997 to 25.18% in 2002.[3] From the extrapolated statistic, the prevalence of GERD in Indonesia can be predicted as 7,153,588 patients from 238,452,952 populations.[4]

In this edition we have two studies on GERD. The first study studied the frequency scale for the symptoms of GERD score for GERD in Koja hospital Jakarta. Ndraha found that the most frequent characteristic of GERD was female patient, age less than 40 years old, normal body mass index (BMI). The frequency scale for the symptoms of GERD (FSSG) revealed the mean of total score was 17.6 ± 6.9. GERD patients have a high mean FSSG score, whereas dysmotility was more dominant than acid reflux.

The second study studied obesity as a risk factor of erosive GERD in Cipto Mangunkusumo hospital Jakarta. Sijabat et al. found from their study that the most frequent characteristic of GERD was grade A esophagitis, female patients and mean age 48.61 ± 8.64 years old. There was a correlation between obesity or abdominal obesity and erosive GERD.

The prevalence of GERD in Indonesia is increasing and this data is inline with the reports from other countries in ASIA and USA.[5-9] The management of GERD is performed in keeping with Indonesian and Asia Pacific consensus, life-style modification and administering the acid suppression agents (proton pump inhibitor, H2-receptor antagonist, etc), prokinetic agents.[8,10-12]

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