GERD is a very debilitating disease that affects millions of people and is increasing in prevalence. There are many studies reporting negative effects of GERD in quality of life (QoL). GERD has been associated with impaired socializing, emotional distress, sleep disturbance, and lower productivity. Severity and frequency of GERD symptoms are strongly correlated with QoL.¹

Many instruments have been used to measure QoL in GERD subjects, such as SF-36 or Psychological General Well-Being Index (PGWB). The SF-36 includes a more comprehensive range of scales and also examines social functioning, physical functioning, and pain, unlike the PGWB, which consists of only 22 items. In comparison, both the SF-36 and the PGWB demonstrated similar levels of performance and exhibited comparable internal consistency. Despite the PGWB’s ability to identify self-rated ill-health being on par with that of the SF-36, it shouldn’t be solely relied upon for assessing QoL within a population, as it doesn’t fulfill the standard criteria for a Health-Related Quality of Life (HRQoL) instrument.²

Study by Waleleng, et al in Indonesia used Pittsburgh-Sleep-Quality-Index (PSQI) and WHO-quality-of-life-BREF (WHOQOLBREF) to measure sleep quality and QoL in GERD patients. In this study, they reported no significant correlation between severity of esophagitis and sleep disturbance, but social life score was significantly lower in the more severe esophagitis group. The WHOQOL-BREF comprises 26 items that assess four domains: physical health, psychological well-being, social relationships, and environmental factors. The WHOQOL-BREF has a lower number of questions and maintains a high level of validity and reliability, making it more practical for use in general populations.³ Another study utilizing this tool was conducted in 2012 by Jung et al., which found that individuals who came in for medical check-ups and complained of typical GERD symptoms had lower QoL compared to healthy control subjects.⁴

Socializing was very limited during COVID-19 pandemic. In line with increasing anxiety and depression symptoms, there was a decline in health-related QoL. A study conducted in North Sumatra reported a rise in the incidence of GERD during the COVID-19 period. A similar situation was also indicated in a study from 2023 by Al-Momani et al., where exacerbation of GERD symptoms increased during the COVID-19 pandemic.⁵ The COVID-19 pandemic results in social isolation, altering people’s daily routines, affecting economic well-being, and leaving every individual uncertain about what the future may bring. This situation can potentially result in stress and anxiety, which in turn has a two-way connection with the emergence of GERD symptoms.⁶

REFERENCES