



CME FOUNDATION OF INDIA



The Gastro Convention

EVENT REPORT

The Gastro Convention

The Gastro Convention, held on 16th & 17th November, 2024, at the Radisson Blu Resort, Visakhapatnam was organized by **CME Foundation of India (CMEFI)**, a registered Association of Persons (AOP), dedicated to enhancing the skills and knowledge of healthcare professionals, including doctors and nurses, through continuing medical education activities.

Dr. Shripad Bodas, a distinguished laparoscopic surgeon, shared his valuable insights on the topic "**Management of Acid Peptic Diseases.**" He emphasized the importance of individualized care and the latest treatment approaches in managing these conditions.

The primary objective of this conclave was to bring together leading gastroenterology specialists, clinicians, and healthcare professionals to engage in collaborative discussions on the management of challenging GERD cases. By sharing real-world insights and evidence-based strategies, the conclave explored innovative therapeutic approaches and practical solutions for improving patient care outcomes. Participants also had the opportunity to network with peers, fostering ongoing collaboration and the exchange of knowledge in the field.

Date: 16th & 17th November, 2024

Venue: Radisson Blu Resort, Visakhapatnam

Total Participants: 35

Agenda



16th November, 2024



7:30 pm to 9:30 pm

Topics	Speaker	Duration
Welcome		07:30 pm - 07:35 pm
Introduction		07:35 pm - 07:40 pm
Management of Acid Peptic Diseases	Dr. Shripad Bodas	07:40 pm - 08:45 pm
Real-world: Clinicians' Perspectives on the Use of Proton Pump Inhibitors in Patients with Acid Peptic Disorders	Dr. Shripad Bodas	08:45 pm - 09:25 pm
Vote of Thanks		09:25 pm - 09:30 pm

Summary of Conclave

CMEFI team warmly welcomed the distinguished speaker, Dr. Shripad Bodas and the participants.

Management of Acid Peptic Diseases - Dr. Shripad Bodas

Dr. Shripad Bodas discussed the prevalence of Gastroesophageal Reflux Disease (GERD), highlighting that it affects a significant portion of the population, with 10% experiencing daily heartburn and 40% having symptoms at least once a month. He explained that GERD is distinct from hiatal hernia, a condition where the stomach protrudes into the diaphragm, whereas GERD involves the reflux of stomach acid into the esophagus, typically due to a weakened lower esophageal sphincter (LES).

Dr. Bodas emphasized that the pathophysiology of GERD is multifactorial, involving impaired LES function, delayed gastric emptying, and esophageal motility issues, all contributing to acid reflux. He also pointed out that lifestyle factors, such as smoking, large meals, and certain foods, can exacerbate symptoms, making the disease harder to manage.

In terms of diagnosis, Dr. Bodas highlighted that GERD is primarily diagnosed clinically, though endoscopy, manometry, and pH monitoring can be useful, especially in more complex cases. He noted that endoscopic changes are often absent in many patients, and the Los Angeles classification is used to assess the severity of esophageal injury.

For treatment, Dr. Bodas discussed the importance of lifestyle modifications, such as elevating the head of the bed, weight reduction, and avoiding trigger foods. He emphasized that proton pump inhibitors (PPIs) are the most effective for symptom relief and mucosal healing, with antacids and prokinetics often used as adjunct therapies.

In refractory cases, Dr. Bodas suggested that surgical options like fundoplication or endoscopic therapies might be considered when medications fail. He also addressed specific considerations for GERD in children, noting its strong association with asthma, and how managing GERD can lead to reduced asthma medication use. In pregnancy, Dr. Bodas explained that hormonal changes reduce LES pressure, making lifestyle modifications and antacids the first line of management for symptoms.

Dr. Bodas also emphasized the importance of monitoring patients with Barrett's esophagus, a serious complication of chronic GERD, which increases the risk of esophageal cancer and requires ongoing surveillance. Finally, Dr. Bodas concluded that managing GERD requires a comprehensive, patient-centered approach, with most patients needing long-term management, either through medication or, in some cases, surgery.

Real-world: Clinicians' Perspectives on the use of Proton Pump Inhibitors in Patients with Acid Peptic Disorders - Dr. Shripad Bodas

A real-world survey was conducted using the provided questionnaire to gather insights on the topic of Clinicians' Perspectives on the use of Proton Pump Inhibitors in Patients with Acid Peptic Disorders. The analysis report of the survey was presented on screen to the participating doctors by Dr. Shripad Bodas. The discussion

centered around the responses to the questionnaire and highlighted key findings regarding the use of proton pump inhibitors in managing acid peptic disorders.

- **Prevalence of acid peptic disorders in patients**

The majority of clinicians reported a significant prevalence of acid peptic disorders in their patient populations. These disorders are commonly observed in a substantial proportion of their patients, highlighting the widespread nature of gastrointestinal concerns in clinical practice. Acknowledging this high prevalence, healthcare providers recognize the need for effective management strategies to address the burden of acid peptic disorders.

- **Most common acid peptic disorder**

Gastroesophageal reflux disease (GERD) was identified as the most prevalent condition among the patients with acid peptic disorders. This condition often presents as a primary complaint and is frequently observed in clinical practice, with gastric and duodenal ulcers also noted as common but less frequent diagnoses. Clinicians are particularly focused on GERD due to its higher occurrence and its impact on patients' quality of life.

- **Use and preference of proton pump inhibitors (PPIs) in acid peptic disorders**

Proton pump inhibitors (PPIs) are frequently prescribed as the first-line treatment for acid peptic disorders such as GERD, gastric ulcers, and duodenal ulcers due to their effectiveness in reducing gastric acid secretion and promoting healing. Clinicians commonly use PPIs to manage these conditions, with Pantoprazole, Omeprazole, and Esomeprazole being the most preferred options. The choice of PPI varies based on factors such as patient comorbidities, clinical conditions, and the drug's potency and metabolic profile. For instance, Pantoprazole is often preferred for its minimal drug interactions, while Esomeprazole and Omeprazole are selected for their strong acid suppression properties. Ultimately, the selection is tailored to the patient's specific needs to achieve the best clinical outcomes.

- **Preferred PPI for patients with diabetes and cardiac conditions**

Pantoprazole was the preferred proton pump inhibitor (PPI) for patients with comorbid diabetes and cardiac diseases, according to most clinicians. Its minimal interaction with CYP450 enzymes, crucial for drug metabolism in diabetic patients, makes it a safer option for this population. Additionally, Pantoprazole's favorable interaction profile with cardiovascular medications, including antiplatelet drugs, makes it the ideal choice for cardiac patients. Clinicians prioritize these factors to ensure effective acid suppression therapy while minimizing the risk of adverse drug interactions, making Pantoprazole a reliable and versatile option for managing acid-related disorders in both diabetic and cardiac patients.

- **Management of gastric ulcers not responding to PPIs**

In cases where gastric ulcers do not respond to initial PPI therapy, clinicians commonly consider a range of options, including doubling the PPI dose, prescribing vonoprazan, adding an H₂ blocker, or investigating for *H. pylori* infection. If necessary, further investigation into other potential causes of the ulcer is undertaken to refine treatment approaches.

- **Atypical GERD symptoms exacerbated by NSAIDs**

Patients with GERD exacerbated by NSAIDs often present with atypical symptoms such as post-sternal discomfort, chest pain, hoarseness, and chronic cough. Clinicians are attentive to these non-traditional symptoms, which can complicate the diagnosis and treatment of GERD in patients who use NSAIDs for chronic conditions.

- **Refractory GERD and CYP2C19 variations**

A significant number of clinicians consider genetic variations, particularly in the CYP2C19 enzyme, to be a contributing factor to refractory GERD. These genetic variations affect the metabolism of PPIs and their effectiveness, influencing treatment decisions for patients who do not respond to standard PPI therapy.

- **Factors in choosing a PPI**

When selecting a PPI, clinicians consider several factors, including the risk of nocturnal acid breakthrough, the potency of acid inhibition, the potential for drug interactions, and the convenience of once-daily dosing. Clinicians aim to choose the PPI that provides the best overall benefit for the patient while minimizing side effects.

- **Additional measures for refractory GERD with Esomeprazole**

For patients with refractory GERD treated with Esomeprazole, clinicians often recommend lifestyle modifications, improving treatment adherence, and ensuring regular follow-up. If necessary, additional testing for underlying conditions such as ischemic heart disease or laryngopharyngeal reflux is considered to address persistent symptoms.

- **Treatment for nocturnal acid breakthrough in GERD**

When patients with GERD experience nocturnal acid breakthrough, clinicians typically add an H₂ blocker to the PPI regimen or provide a night-time dose of H₂ blockers. These adjunct treatments are aimed at controlling acid production during the night when PPI effects may diminish.

- **Factors affecting adherence to PPI treatment**

Common factors influencing patient adherence to PPI therapy include abdominal pain, indigestion, nausea, and a bloated feeling. These side effects can discourage patients from following their prescribed treatment plans, highlighting the importance of managing symptoms effectively and addressing patient concerns.

- **Preferred PPI for acid peptic disorders in patients with CVD and on Clopidogrel**

In patients with both acid peptic disorders and cardiovascular disease (CVD), Pantoprazole is the preferred proton pump inhibitor (PPI). Clinicians are particularly cautious of drug interactions between PPIs and cardiovascular medications, especially in patients at high risk for heart disease. Pantoprazole is favored for its safer interaction profile with cardiovascular drugs, including antiplatelet medications like Clopidogrel. This makes Pantoprazole a reliable choice, as it helps avoid reducing the efficacy of Clopidogrel, which is crucial for preventing adverse cardiac events. Thus, Pantoprazole provides an effective solution for managing acid-related disorders in patients with comorbid CVD and those on Clopidogrel therapy.

- ***H. pylori* treatment regimen**

Clinicians commonly prescribe triple or quadruple drug regimens for treating *H. pylori* infections. These regimens include combinations of PPIs and antibiotics, aimed at eradicating the infection and promoting ulcer healing. Clinicians choose the regimen based on the severity of the infection and patient tolerance.

- **Tolerability and efficacy of PPIs in Indian patients**

The tolerability and efficacy of proton pump inhibitors (PPIs) in Indian patients with acid peptic disorders are generally rated as good by clinicians. Most patients experience minimal side effects, and the benefits of PPIs in controlling symptoms and promoting healing are considered to outweigh any potential risks. PPIs are effective in managing a wide range of acid-related conditions, with clinicians noting their success in treating disorders like GERD, gastric ulcers, and duodenal ulcers. However, for patients with refractory GERD or other persistent conditions, treatment adjustments or additional therapies may be necessary to achieve optimal results.

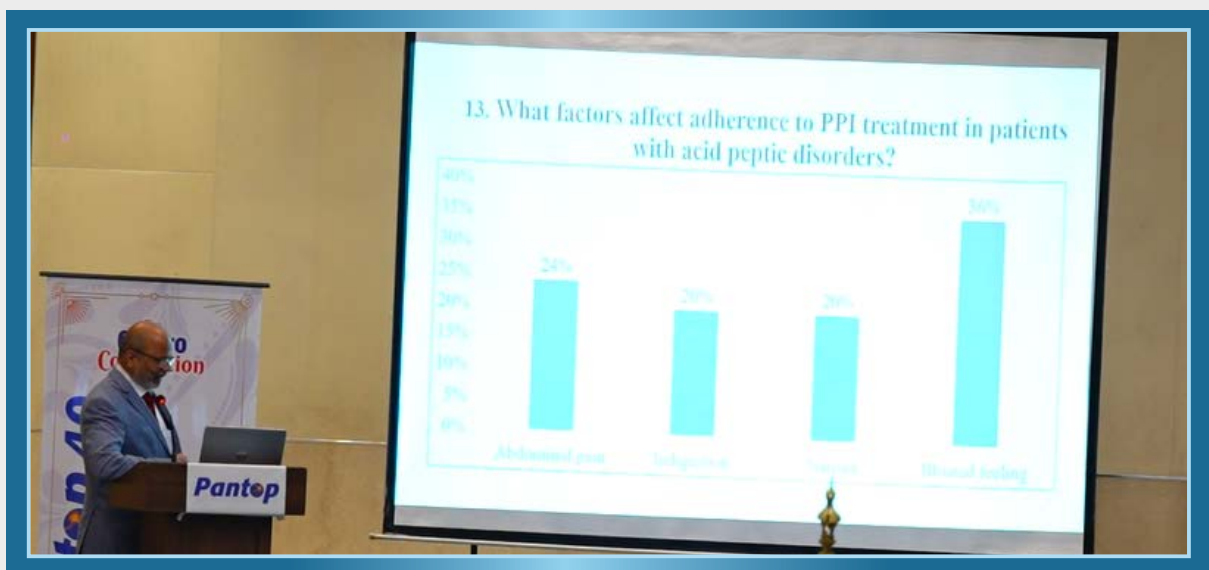
At the end of this Conclave, the CME Foundation of India extended its sincere gratitude to the attending delegates and acknowledged Aristo Ltd., the academic and industry partner, for their valuable support and contribution to the success of the Conclave.

Snapshots of Success

Registration Counter



Real-world: Clinicians' Perspectives on the Use of Proton Pump Inhibitors in Patients with Acid Peptic Disorders



Empowering Attendees with a Scientifically Enriching and Joyful Conclave Experience



Branding Opportunity





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CME FOUNDATION OF INDIA

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