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Weight Loss Is Truly Effective in Reducing Symptoms and PPI Use in Patients with GERD

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- Nicola de Bortoli, MD: design of the study, writing of the manuscript, approving final version
- Salvatore Tolone, MD, PhD: design of the study, writing of the manuscript, approving final version
- Edoardo Savarino, MD, PhD: design of the study, writing of the manuscript, approving final version

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To the Editor,

We read with interest the study by Ness-Jensen et al.¹ which is a narrative review providing appraisal of data from meta-analysis, systematic reviews, randomized clinical trials (RCTs) and prospective observational studies (from 1946 to October 2014) on the role of lifestyle interventions in gastroesophageal reflux disease (GERD). The authors concluded that weight loss and tobacco smoking cessation should be recommended to GERD patients who are obese and smoke, respectively. Moreover, they stated that avoiding late evening meals and head of the bed elevation is effective in nocturnal GERD.

We congratulate with the authors since data on this topic are limited and unclear, and so far an explanatory review was absolutely necessary. In particular, the relevance of weight loss in overweight/obese patients with reflux symptoms is controversial, although the role of BMI as risk factor for GERD has been highlighted in several papers and reviews²⁻⁴. If the available studies in literature have been quoted since we recently published data from a comparative, prospective, non-randomized study analyzing the efficacy of a hypocaloric diet and physical exercise versus a 'standard of care' dietetic program without any change in daily caloric intake, in patients with reflux symptoms and an endoscopically proven erosive esophagitis⁵. We showed that weight loss, obtained through a tailored dietetic program and increased aerobic exercise (101 patients enrolled), was: (i) associated with reduction of BMI, and waist and hip circumference; (ii) associated with higher reduction of GERD-related typical symptoms; and (iii) able to obtain a reduction/discontinuation of PPI dosage.⁵ Demonstrating that reducing weight loss leads patients with GERD to reduce medication intake, we speculated that this kind of intervention may further drive to reduce the National Health System costs as a direct consequence.⁵

In summary, our data confirm that lifestyle interventions and in particular 10% weight loss weight loss is truly effective in reducing symptoms and PPI use in patients with GERD. This

suggestion is also corroborated by the recent European guideline for management of obesity and overweight in adults⁵. However, it is important to bear in mind that a weight loss management has to be associated with a cognitive-behavior therapeutical approach with a tight scheduled follow-up to obtain a high percentage of adherence to a weight loss protocol.

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