Gastroesophageal Reflux Disease and Metabolic Syndrome

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To the Editor With interest, we read the article by Chiba et al. entitled, “A cross-sectional study on the risk factors for erosive esophagitis in young adults,” published in the recent issue of Internal Medicine. The authors are to be congratulated for their straightforward approach in assessing the correlation between the symptoms of metabolic syndrome and erosive esophagitis in 4,990 patients (1,119 women) aged <40 years in Japan. The increasing prevalence of symptomatic gastroesophageal reflux disease (GERD) and esophagitis reflects the clinical relevance of this study. In addition to hiatal hernia, smoking and alcohol consumption, the presence of erosive esophagitis is positively correlated with hypertension and hyperglycemia (1). These findings justify the need to consider the contribution of the metabolism to the pathogenesis of erosive esophagitis and GERD.

Repeated overeating (large fatty, sweet meals) weakens the lower esophageal sphincter leading to gastroesophageal reflux (2). As a consequence, this implies that lifestyle modifications may counteract the increasing prevalence of metabolic syndrome, GERD and erosive esophagitis (3). Metabolic disorders, including hypertension and hyperglycemia, respond to dietary programs (3). It remains to be elucidated whether lifestyle measures are similarly effective for treating GERD and attenuating the need for medical and surgical therapy (4, 5). A minor drawback of the study by Chiba et al. (1) is that the authors did not provide any information on PPI use or the presence of endoscopically visible columnar lined esophagus and Barrett’s esophagus. The authors are kindly asked to comment on the above considerations and indicate where they see a place for dietary measures in the treatment of GERD and erosive esophagitis.

The authors state that they have no Conflict of Interest (COI).

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References