Influence of Common Cardiac Drugs on Gastroesophageal Reflux Disease: Multicenter Questionnaire Survey

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Background: Although gastroesophageal reflux disease (GERD) causes noncardiac chest pain, systemic studies surveying the effects of common cardiac drugs on symptomatic GERD are rare. Methods: To investigate the drug-related GERD, this survey enrolled 201 consecutive outpatients (69.7 ± 10.5 years) including those with atrial fibrillation (AF). They were assessed using the Frequency Scale for Symptoms of GERD (F-scale) to screen GERD with a cut-off value of 8.0. Clinical background was obtained from medical records. Gastric medicine was empirically administered at discretion of the attending physician. F-scale score and incidence of GERD were analyzed relating background and prescription.

Results: The average F-scale score did not correlate with gender, age or underlying diseases. F-scale score was elevated significantly (p = 0.006) by calcium channel blockers (CCB) in patients treated with gastric medicine, suggesting that CCB exacerbate the possibly preexisting GERD. Incidence of GERD within 2 months after starting warfarin tended to be greater than that at other durations (p=0.087). Patients showing a high score (>8.0) suggestive of GERD showed a correlation with coadministration of CCB (OR=3.19; 95%CI=1.01-10.11; p=0.049) and warfarin (OR=3.05; 95%CI=1.00-9.27; p=0.049).

Conclusion: Coadministration of CCB and warfarin is common in AF. This survey demonstrates that this combination therapy is an independent risk of GERD.

Keywords: atrial fibrillation, gastroesophageal reflux disease, warfarin