

February 2012 Pulmonary Journal Club

Lee JS, Ryu JH, Elicker BM, Lydell CP, Jones KD, Wolters PJ, King TE Jr, Collard HR. Gastroesophageal reflux therapy is associated with longer survival in patients with idiopathic pulmonary fibrosis. *Am J Respir Crit Care Med* 2011;184:1390-4.

The relationship between gastroesophageal reflux disease (GERD) and idiopathic pulmonary fibrosis (IPF) remains a mystery. Although there is little contestation that the two entities often coexist, the cause and effect nature of GERD causing IPF remains unproven. The prevalence of GERD in IPF has been reported to be in the range of 67-88%. This study looks to see if treating this highly prevalent condition (GERD) impacts disease progression and mortality in patients with IPF.

This study was a prospective cohort study done at 2 institutions between 2001 and 2008. Patients with IPF were diagnosed based on radiographic and or histopathologic criteria. The presence of GERD was identified based on symptoms, uses of GERD medications or prior history of Nissen Fundoplication.

A total of 204 patients participated in the study. The results showed that the presence of GERD, treatment of GERD and history of Nissen Fundoplication were all associated with longer survival times when compared to patients with IPF and no GERD diagnosis. The strength of the study was that it reinforced prior studies that demonstrated that GERD treatment is beneficial in stabilizing IPF progression. The study was limited by its lack of randomization, blinding, and inclusion of smokers in the study group especially since cigarette smoking has been shown to be a risk factor in the development and progression of IPF.

This study reinforces that the prevalence of GERD in IPF is high. It further validates the benefit of treating GERD in patients with IPF. It still remains unclear as to whether GERD serves as a causal factor in the development of IPF. Of note, this study showed that patients with untreated GERD had improved survival (896 days) when compared to patients with IPF and no GERD symptoms (941 days). The rationalization of this remains unclear, especially if we are to believe that GERD is a causal factor. Our review of the study yielded us to concede that treating GERD in patients with IPF is likely to be beneficial and that further randomized controlled trials looking into the causal nature of GERD in IPF need to be done.

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