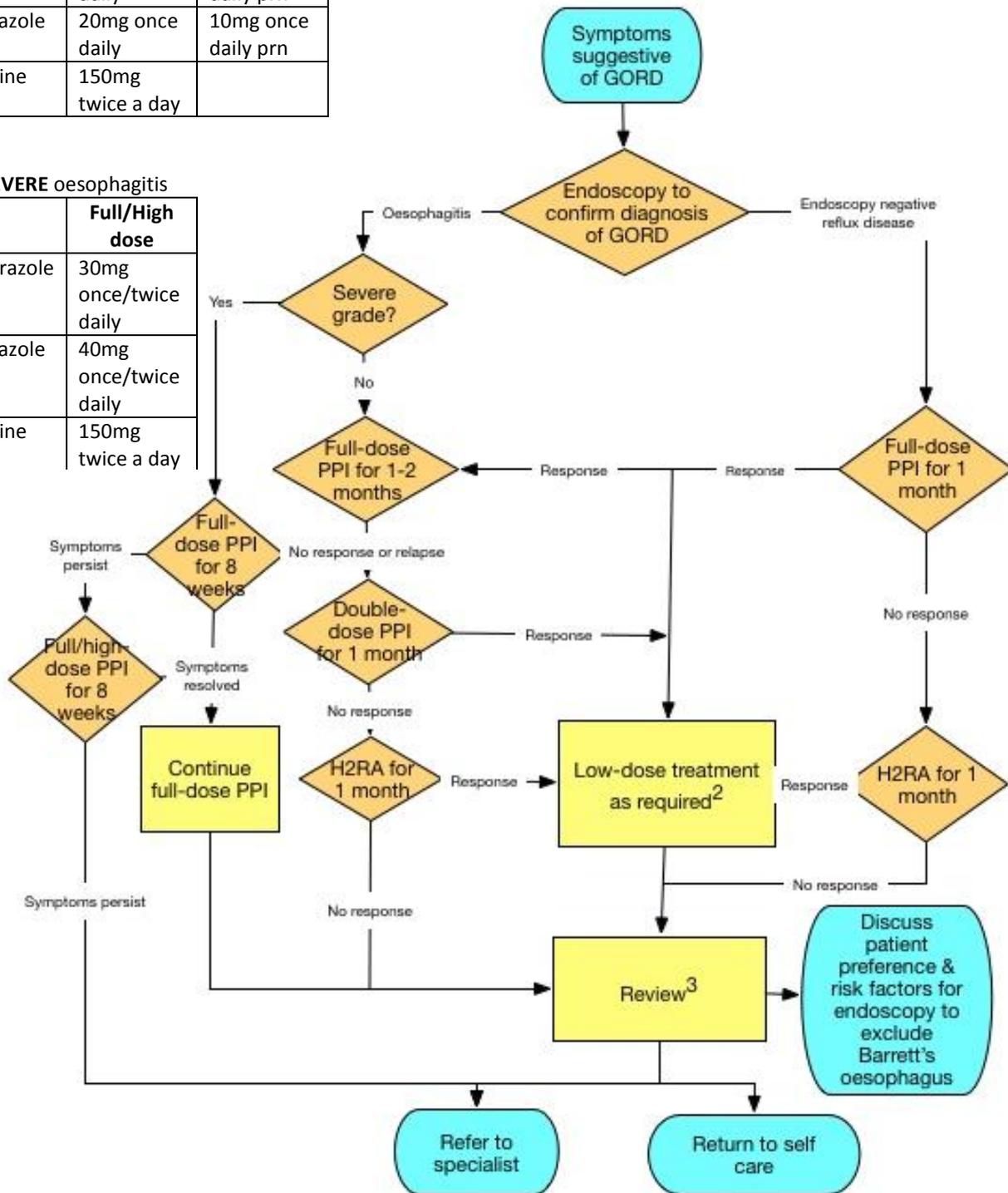


	Full dose	Low dose
Lansoprazole	30mg once daily	15mg once daily prn
Omeprazole	20mg once daily	10mg once daily prn
Ranitidine	150mg twice a day	

## INTERVENTIONS FOR GORD

For **SEVERE** oesophagitis

	Full/High dose
Lansoprazole	30mg once/twice daily
Omeprazole	40mg once/twice daily
Ranitidine	150mg twice a day



- GORD refers to endoscopically-determined oesophagitis or endoscopy-negative reflux disease. Patients with uninvestigated 'reflux-like' symptoms should be managed as patients with uninvestigated dyspepsia.
- Offer low-dose treatment, possibly on an 'as required' basis.
- Review long-term patient care at least annually to discuss medication and symptoms. In some patients with an inadequate response to therapy or new emergent symptoms, it may become appropriate to refer to a specialist for a second opinion. A minority of patients have persistent symptoms despite PPI therapy and this group remain a challenge to treat. Therapeutic options include adding an H<sub>2</sub> receptor antagonist at bedtime.
- Consider a high-dose of the PPI, switching to another full-dose PPI or switching to another high-dose PPI.

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Source: NICE Clinical Guideline184, Dyspepsia and gastro-oesophageal disease, September 2014