

GIH-09 A validated symptoms questionnaire (Chinese-GORDQ) for the diagnosis of gastro-oesophageal reflux disease in Chinese population

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Background and Aims: There is no gold standard for the diagnosis of gastro-oesophageal disease (GORD). The aim of this study is to develop a validated GORD symptom questionnaire for Chinese population.

Methods: Ninety-five Chinese patients with GORD and 101 healthy Chinese controls were presented with a 20-item GORD questionnaire in Chinese language (Chinese-GORDQ) based on a previous published validated western questionnaire. Quality of life in GORD patients was assessed by SF-36. Standard dose of proton pump inhibitors (PPI) for 4 weeks was prescribed to 35 patients with newly diagnosed GORD. The Chinese-GORDQ was performed before, 4 weeks and 8 weeks after treatment. Concept, content, construct, discriminant validity and reliability of the questionnaire were assessed.

Results: All items were considered comprehensible by more than 90% of subjects. Relevance of individual symptoms to GORD ranged from 60% to 100%. Seven items were selected by logistic regression to account for most of the differences between control and GORD patients. Test-retest reproducibility and internal consistency were good with the intraclass correlation coefficient of 0.75 and Cronbach's alpha coefficient of 0.9. A cut-off score of equal or greater than 12 was determined to discriminate between controls and GORD patients with an AUC of 0.91, a sensitivity of 80% and a specificity of 83% by ROC analysis. The Chinese-GORDQ correlated negatively with 5 domains of the SF-36 and discriminated between GORD patients who reported a subjective symptomatic improvement during PPI treatment and symptoms deterioration during withdrawal of PPI treatment.

Conclusions: Chinese-GORDQ was easy-to-understand, internally consistent and reproducible. It predicted global symptom change, and the symptom severity scores correlated negatively with quality of life. It is suitable for epidemiological studies to assess the frequency and severity of GORD and interventional studies of GORD in Chinese population.

GIH-10 Long-term prospective follow-up of endoscopic oesophagitis in southern Chinese—prevalence and spectrum of the disease

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Aims: To study the prevalence, clinical characteristics and long-term outcome of oesophagitis in Chinese patients.

Methods: Clinical and endoscopic data were prospectively collected from consecutive patients who underwent upper endoscopy from 1997 to 2001. Patients with endoscopic oesophagitis were graded according to the Los Angeles system and analysed according to their clinical presentation, endoscopic details, *Helicobacter pylori* status, NSAIDs history, co-morbidity and mortality.

Results: A total of 22628 upper endoscopies were performed in 16606 patients. Of these, 631 (3.8%) had endoscopic oesophagitis, 14 had benign oesophageal stricture (0.08%) and 10 had Barrett's oesophagus (0.06%). Most patients (94%) had either LA grade A or grade B oesophagitis. Patients who died during follow-up had a significant higher incidence of co-morbid illness (100% versus 63%, $P < 0.001$). By Cox regression analysis, presence of gastrointestinal bleeding ($P = 0.008$), advanced age ($P = 0.004$) and the use of Ryle's tube ($P = 0.043$) were identified to be independent factors associated with mortality.

Conclusions: Complicated gastro-oesophageal reflux disease is uncommon in Asian population. Advanced age, use of Ryle's tube and the presence of gastrointestinal bleeding were associated with poor long-term outcome, which was a reflection of the severe underlying co-morbidity.