GASTROEZOFAGEAL REFLYUKS KASALLIGI DIAGNOSTIKASI VA PROFILAKTIKASI

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Abstract: Among patients with gastrointestinal complaints, gastroesophageal disease is becoming increasingly common. The primary factor in the development of this condition is the impairment of motor–evacuatory function. This dysfunction typically progresses chronically and leads to a disruption of normal daily life. These circumstances determine the relevance of studying this disease. The present article is aimed at summarizing and analyzing the research conducted within the scope of this condition.
Keywords: Gastroesophageal reflux, GERD prevention, lifestyle modification, dietary factors, risk reduction, esophageal health, obesity and gerd, acid reflux control, early detection, preventive strategies.
Annotatsiya: Oshqozon-ichak yo’li bilan og’riydigan bemorlar orasida toboro ko’p uchraydigan kasalliklardan biri gastroezofageal reflyuks kasalligidir. Mazkur kasallikning yuzaga kelishidagi asosiy omil oshqozon-ichak motor evakuator funksiyaning buzilishi hisoblanadi. Bu buzilish odatda surunkali tarzda kechib, normal turmush tarzining buzilishiga olib keladi. Ushbu sabablar uni o’rganishning dolzarbligini belgilaydi. Mazkur maqola ham ushbu kasallik doirasida olib borilgan tadqiqot ishlarini jamlash hamda ularni xulosalashga qaratilgan.
Kalit so‘zlar: Gastroezofagial refluks, GERKning oldini olish, turmush tarzini o‘zgartirish, oziqlanish omillari, xavfni kamaytirish, qizilo‘ngach salomatligi, semizlik va GERK, kislota qaytishini nazorat qilish, erta aniqlash, profilaktik strategiyalar.

To diagnose and prevent gastroesophageal reflux disease (GERD), the best approach is a multimodal one, since to diagnose and prevent the disease early, one must avoid its risk factors, which requires one deeply know the clinical, pathophysiological, and lifestyle factors that contribute to the disease. Clinical Presentation and Identification: GERD is characterized via heartburn, regurgitation, and/or dysphagia, but a diagnosis is usually made by a combination of symptoms and diagnostic tests. Symptoms are similar to those of many other conditions so must be clinically assessed for accuracy. [1, 2]. Symptom-based tools: Tools such as the GERDQ, which quantify the frequency and severity of symptoms, may help establish a diagnosis. Risk stratification: People with obesity, smoking history, or a history of hiatal hernia might be the best candidates for early intervention [1, 3]. Ambulatory pH monitoring remains the gold-standard

diagnostic test for esophageal acid exposure, especially in patients with extraesophageal symptoms. Esophagogastroduodenoscopy (EGD): Endoscopy to rule out GERD-related complications such as esophagitis or Barrett's esophagus [4]. High-resolution manometry (HRM) assesses esophageal motility disorders in patients with GERD when clinical management fails or someone considers surgical intervention. [5, 2].

Functional assessment tools: Impedance-pH testing, which measures both acid and non-acid reflux, may help toward establishing a diagnosis if PPIs are ineffective in symptomatic cases of patients. Salivary and breath biomarkers including pepsin and bile acids may be useful as non-intrusive screening for GERD in high-risk groups. [4, 3].

Effective prevention encompasses primordial (population-level), primary (high-risk individuals), secondary (early disease), and tertiary (disease treated to prevent complications) measures. Lifestyle Modifications: Population-wide campaigns emphasizing weight management, cessation of tobacco use, and dietary adjustments—such as reducing fatty and spicy foods—are foundational in preventing GERD's onset [1, 4]. Posture-Related Advice: Advising individuals to avoid lying down shortly after meals and utilizing elevated headrests during sleep are evidence-based recommendations to minimize reflux risk [2].

Targeting high-risk groups through routine nutritional counseling and education programs. For pregnant women, lifestyle interventions are particularly vital given the physiological changes that predispose them to GERD [6]. Pharmacological prophylaxis with PPIs or H2 blockers can be considered for individuals with significant predispositions due to co-morbid conditions, though routine use in asymptomatic individuals is controversial [1, 5].

Intensive surveillance and management programs for individuals diagnosed with early GERD or presenting with frequent, mild symptoms. This includes step-up approaches beginning with antacid therapies and lifestyle modifications, transitioning to stronger medications if necessary [5]. Incorporating routine endoscopic screenings for complications such as erosive esophagitis in patients at heightened risk of progressions, like those with obesity or metabolic syndrome [4].

Surgical Innovations: Techniques like fundoplication should be reserved for severe, medication-refractory GERD cases or those with anatomic abnormalities like hiatal hernia. Treatment of GERD-Related Complications: Timely intervention for advanced GERD with Barrett's esophagus or peptic strictures prevents progression to esophageal adenocarcinoma [2, 4].

Integrating innovative tools and strategies can improve GERD diagnosis and prevention. Digital health and remote monitoring: Mobile applications tracking symptom triggers and dietary habits may enhance self-management and symptom correlation, especially when integrated with AI-powered predictive tools. Epigenetic therapies and risk

profiling: Given that obesity and smoking exert epigenetic influences on the esophagogastric junction's motor function, future therapies targeting gene expression dysregulation may be protective [1]. Multispecialty teams: Collaboration between gastroenterologists, dieticians, and primary care providers enhances tailored prevention and early diagnosis programs. By focusing on lifestyle interventions, robust diagnostic pathways, and population risk-mitigation strategies, GERD diagnoses can occur earlier, and long-term complications can be substantially reduced. Both policymakers and healthcare professionals should emphasize lifestyle adjustments while advancing diagnostic technologies.

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