- Dyspepsia.
- Barrett’s esophagus.

Patients with Gastroesophageal reflux disease (GERD) present with typical symptoms of heartburn, regurgitation or both, especially after meals and they are usually diagnosed based on their history. The symptoms may be exacerbated by recumbency or bending and relieved by using PPIs. It is appropriate to empirically treat patients with classic GERD symptoms with lifestyle modification and acid suppression therapy (Spechler SJ., 2000). PPIs are very effective acid suppressants and it is likely that patients with GERD will respond to them. Physicians usually assume that patients with typical symptoms who respond to PPI therapy have GERD (DeVault KR *et al*., 1999). There are two common approaches for the treatment of GERD, treating physician will determine the needed approach. Step-up therapy starts with over-the-counter or standard-dosage H_2 blockers and titrates to symptom control. Step-down therapy starts with once- or twice-daily PPI therapy and decreases the dosage or changes to the lowest form of acid suppression that will control the patient's symptoms. In considering which approach would be best for a patient, the physician should consider that PPIs have been shown to be more effective and quicker to eliminate symptoms and heal esophagitis than other acid suppressing drugs (Welage LS *et al*., 2000).

Long term symptoms will make patients more likely to develop Barrett's esophagus, there is no evidence that acid suppression therapy with PPIs causes regression of Barrett's esophagus or prevents progression to adenocarcinoma of the esophagus, so the duration of symptoms rather than type of treatment, is a more important consideration in determining the need for an endoscopic evaluation to rule out Barrett's esophagus (Fennerty MB *et al*.,