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	Outline)
 Will focus on GEF and IBS—most common 	RD	
 Pathogenesis of r 	eflux	20
 Responses to refl during sleep 	ux	
 Prevalence of slead disturbances in IB 	ep S	



















Sleep Quality and Sleep Related GER

(Dickman et.al. J.Clin. Sleep Med. 2007: 3; 505-513)

Studied 48 GERD patients (63% EE)

- All had 24hr pH monitoring and a variety of sleep and GERD questionnaires
- 15 had sleep lab monitoring with pH study

Results

- Insomnia symptoms were correlated with GERD symptoms (r=.33 P<.05)
- Overall sleep quality was negatively correlated with longer recumbent reflux events (r= -.37 P<.01)
- Increase in sleep related acid contact time was associated with overall lower reported quality of sleep (r=.43 P<.002)







GER in Unexplained Sleep Disorders (Orr et. al. Clin. Gastro. Hep 2008: 6; 1099-1104)

- 104 participants randomized without symptoms of daytime or nighttime heartburn
- Patients complained of sleep disturbance at least 3x/wk
- Each patient was studied for two nights in the sleep lab with distal esophageal pH monitoring
- 81 participants across 4 sites with complete data















Sleep Disturbance in Irritable Bowel Syndrome (Tu et.al. Neurogastro. Motil 2017: 29; 1-11) • Reviewed 21 studies (1169 IBS and 578 controls) Most measures were PSQI and daily diaries (2 weeks-8 weeks) Irritable Bowel Syndrome (IBS) IBS is a functional disorder of intestine with abdominal discomfort, diarrhea/constipation and without any structural changes in the body. Most studies employed both subjective (questionnaires or diaries) or objective (PSG) measures • 71% reported some sleep complaint • Frequently cited results of subjective measures (1145 subjects) poor sleep quality prolonged sleep latency daytime dysfunction

Sleep Disturbance Predicts Next Day Symptoms in IBS (Buchanan et. al. J. Clin. Sleep Med. 2014: 10; 1003-1009)

- Sleep disturbance is commonly noted in patient with IBS
- Studied 24 women with IBS
- Used subjective (daily logs of sleep quality) and objective (acitgraphy) measures of sleep.
- Daily log of IBS symptoms
- Studied over one full menstrual cycle

- Subjective reports of sleep disturbance significantly predicted next day symptoms of abdominal pain, anxiety and fatigue
- Daytime symptoms did not predict subsequent sleep
- This may relate to altered visceral sensitivity secondary to sleep disturbance

Conclusions

- Nighttime heartburn and associated sleep disorders are common among patients with GERD
- Physiological changes associated with sleep produce significant alterations in responses to acid mucosal contact
- Clinical consequences of sleep related GER argue that this is a distinct clinical entity requiring a more aggressive approach to treatment
- Sleep disorders are commonly noted in IBS patients and this may play an important role in the development of symptoms
- Clinicians should inquire about the presence of nighttime heartburn as well as it's frequency and severity as an indication of more severe and complicated GERD

" If sleep does not serve an absolutely vital function, it is the biggest mistake the evolutionary process ever made." Alan Rechtschaffan

Sleep and IBS Review

(Tu et.al. Neurogastro. Motil 2017: 29; 1-11)

- Reviewed 21 studies (1169 IBS and 578 controls)
- Most measures were PSQI and daily diaries (2 weeks-8 weeks)
- Most studies employed both subjective (questionnaires or diaries) or objective (PSG) measures
- Frequently cited results of subjective measures (1145 subjects)
 - poor sleep quality
 - prolonged sleep latency
 - daytime dysfunction
- Subjective sleep measures 71% reported poor sleep quality on the following sleep measures
 - prolonged sleep latency
 - increased arousals and awakenings
 - decreased sleep efficiency (sleep time/time in bed)
 - differences in REM sleep
- There is a large variance in results





GERD Symptoms

- GERD symptoms are common estimated as high as 20% (symptoms once a week)
- GERD symptom manifestation assumes a threshold level of symptom load –interaction of esophageal acid sensitivity and parameters of the refluxate(volume, pH etc.)
- Up to 20% of erosive esophagitis patients are asymptomatic
- The true prevalence is thus unknown



Sleep Related GER and Acid Clearance: The Physiology

- GER does occur during sleep
- Reflux events are less frequent during sleep
- Acid clearance is typically prolonged during sleep
- Sleep markedly alters the physiological response to acid mucosal contact.



