

# PREFACE

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Acid-related diseases are among the most commonly encountered disorders in clinical practice. The last decade has witnessed profound changes in the clinical approach to this family of conditions, which includes gastroesophageal reflux disease (GERD) in its protean manifestations, peptic ulcers of all etiologies, and dyspepsia of the uninvestigated and investigated (nonulcer dyspepsia) varieties. The changes have arisen largely from the discovery of *H. pylori*'s important role in various acid-related diseases and in response to the rising tide of patients with GERD. Major alterations in health care delivery, spawned by efforts to control health care costs, have also had an impact on the way clinicians deal with these diseases. One result has been the introduction of various practice guidelines that are intended to assist clinicians in managing their patients in a fashion that reflects recent advances in medical science as well as economics. In this field, however, the pace of advances quickly renders most guidelines obsolete. *Diseases of the Gastroesophageal Mucosa: The Acid-Related Disorders* is intended to help primary care physicians and clinical gastroenterologists stay abreast of the important developments in this field.

The emphasis is on diagnosis and treatment, but epidemiology and pathophysiology are not neglected in instances where their understanding sets the stage for management recommendations. The first section addresses the clinical evaluation of patients suspected of harboring peptic ulcers, and it provides specific information about drugs used in treating acid-related diseases. Subsequent chapters address ulcers of various causes, with particular emphasis on new aspects of *H. pylori* infection. A chapter is devoted to dyspepsia because this condition is ubiquitous in practice and new information is available to assist clinicians in efficiently managing patients with this condition. The section on GERD contains important developments in epidemiology, mechanisms of disease, and practical aspects of diagnosis and treatment. The extraesophageal manifestations of GERD, recognized increasingly in primary care, are addressed in a separate chapter in recognition of the new approaches to their management that have been described recently. Finally, upper gastrointestinal bleeding is addressed because an understanding of new management modalities can assist clinicians in triaging bleeding patients more effectively. No attempt has been made to include nonacid-related diseases of the upper gastrointestinal tract, such as esophageal opportunistic infections, malignancies, except those related to

GERD or *H. pylori* infection, and motor disturbances of the esophagus and stomach. The focus is on conditions in which gastric acid is fundamentally important in the pathophysiology and in which modulation of gastric acidity influences the clinical response.

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