Clinical Characteristics and Outcomes of Geriatric Patients in Upper Gastrointestinal Bleeding

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Background: The incidence of upper gastrointestinal bleeding has decreased in the general population, but increased for the geriatric patients worldwide. The aim of this study was to evaluate the clinical characteristics and outcomes of geriatric patients (aged 65 or older) with upper gastrointestinal bleeding and compare with non-geriatric patients (less than 65 years old). Methods: We conducted a retrospective study of 288 patients with upper gastrointestinal bleeding from January 2007 to August 2010. We compared the clinical characteristics and outcomes of geriatric patients (n=148, 51.4%) with those of non-geriatric patients (n=140, 48.6%). Results: Cardiovascular disease, hypertension, and cerebrovascular accident were more prevalent in the geriatric group, compared with the non-geriatric group (p<0.05). The vital signs were more unstable in the geriatric group than the non-geriatric group (p<0.05). The geriatric group had taken more ulcerogenic drugs than the non-geriatric group (p<0.05). The most common cause of upper gastrointestinal bleeding was peptic ulcer (72.3%) in the geriatric group, but variceal bleeding (41.4%) in the non-geriatric group. The treatment methods, the amount of transfusion, operation rate and mortality were not different between the two groups (p>0.05). The length of hospital stay and length of ICU stay in the geriatric patients were significantly longer than the non-geriatric group (p<0.05). Conclusion: The geriatric patients with upper gastrointestinal bleeding had longer Intensive Care Unit and hospital stay than the non-geriatric patients in our study. The important emerging etiologies such as ulcerogenic drugs and associated chronic illness should be monitored and treated early in these patients.

The Association between Calcium Channel Blocker and Gastroesophageal Reflux Disease

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Background: Calcium channel blockers (CCB) are a commonly used class of medications and are known to induce gastroesophageal reflux disease (GERD). The purposes of this study were to determine the relationship between CCBs and GERD, and to investigate the difference in the incidence of GERD symptoms between the dihydropyridine (DHP) and the nondihydropyridine (NDHP). Method: This retrospective cohort observational study enrolled 665 patients who were prescribed CCBs for hypertension without a history of ischemic heart disease in Busan St.Mary’s medical center between January 2007 and December 2010. We divided the patients into 5 groups: DHP (nifedipine, amlodipine, lercanidipine, lacidipine) and NDHP (diltiazem). Patients gave informed consent were asked in a standard questionnaire to obtain information including the history of reflux symptoms before and during treatment with CCBs. Result: Of the 157 Patients with pre-existing gastrointestinal (GI) symptoms, 54 (34%) patients reported a worsening of GI symptoms during CCB therapy. Amlodipine (36%) was more strongly associated with exacerbation of GI symptoms than the other CCBs of DHP, and diltiazem (20%) was least. However there was no significant difference in the incidence of exacerbation of GI symptoms between 5 CCB groups (p=0.93). Of the 508 Patients without pre-existing GI symptoms, 124 (24%) patients reported new GI symptoms during CCB therapy. Amlodipine (30%) was the most frequent precipitant of GI symptoms, followed by the other DHPs, and lastly diltiazem (18%) without significant difference in the incidence of exacerbation of GI symptoms between 5 CCB groups (p=0.25). Conclusion: CCBs precipitate or exacerbate GI symptoms. However, the incidence of those symptoms was not significantly different between DHP (nifedipine, amlodipine, lercardipine, lacidipine) and NDHP (diltiazem). Further prospective research should be followed to identify the relationship between the dose of CCBs and frequency or severity of GI symptoms.