FOREWORD

A symposium held in conjunction with the World Congress of Gastroenterology in Montréal, Canada in September 2005 addressed recent advances in the understanding of the basic mechanisms of gastro-oesophageal reflux disease (GERD) and non-steroidal anti-inflammatory drug (NSAID)/aspirin-induced lesions of the gastroduodenal mucosa and their translation into clinical practice. A better understanding of the basic principles relating to these conditions opens new frontiers in disease management and helps to identify areas in which further research needs to be implemented. In this supplement to *Drugs* the faculty of the symposium summarize their insights into the unmet needs related to GERD and the use of ulcerogenic agents such as NSAID and aspirin.

Novel mechanisms leading to non-erosive reflux disease (NERD) or inducing oesophageal damage in erosive reflux disease, and the role of acid in the generation of symptoms are presented in the first section of this supplement. It is proposed that NERD as a disease cannot be separated from erosive reflux disease – we can say that NERD is a microscopic oesophagitis with distinct microscopic and ultrastructural lesions, dilated intercellular spaces and inflammation. Both NERD and erosive reflux disease are similar on a pathophysiological basis, and they are also similar in terms of clinical manifestations. No longer is NERD considered to be a mild disease and, in fact, it is often more difficult to treat than erosive disease. Treating atypical symptoms related to GERD is also particularly difficult. We have the options of prolonging the duration or increasing the dose of therapy, but still more experience is required. The introduction of new technologies such as the Bravo wireless system and dual impedance-pH monitoring will shed further light on the complex GERD spectrum. Future strategies will include these new technologies and make use of the knowledge obtained in clinical trials for the optimization of therapies.

The second part of this supplement is dedicated to aspects of the use of NSAID in high-risk patients and the issues of NSAID and aspirin-induced gastroduodenal damage. The management of patients exposed to these agents has been greatly improved by the use of proton pump inhibitor (PPI) co-therapy. PPI have led to a dramatic reduction of NSAID-induced gastroduodenal complications. However, in assessing the balance between benefit and harm with the use of NSAID and cyclooxygenase (COX)-2 inhibitors, more issues have surfaced, including cardiovascular risk, and require careful consideration. An awareness of risk stratification will allow the best use to be made of NSAID as well as an appropriate use of PPI prophylaxis.

Aspects in the management of NSAID/aspirin-induced gastrointestinal bleeding as well as the appropriateness of *Helicobacter pylori* search and eradication are also considered. To complement the learning effect, clinical case presentations that require special management considerations are included. Globally, there is more than one option when these challenges are being addressed, and an interactive discussion from a global perspective will always provide additional challenging insight.

We are very pleased to present in this supplement the essence of a very insightful symposium. We hope this issue will achieve its goals of adding to knowledge and stimulating further research.

Peter Malfertheiner
Otto von Guericke University
Magdeburg
Germany
Masahiro Asaka
Hokkaido University School of Medicine
Sapporo
Japan
James W Freston
University of Connecticut School of Medicine
Farmington
Connecticut
USA