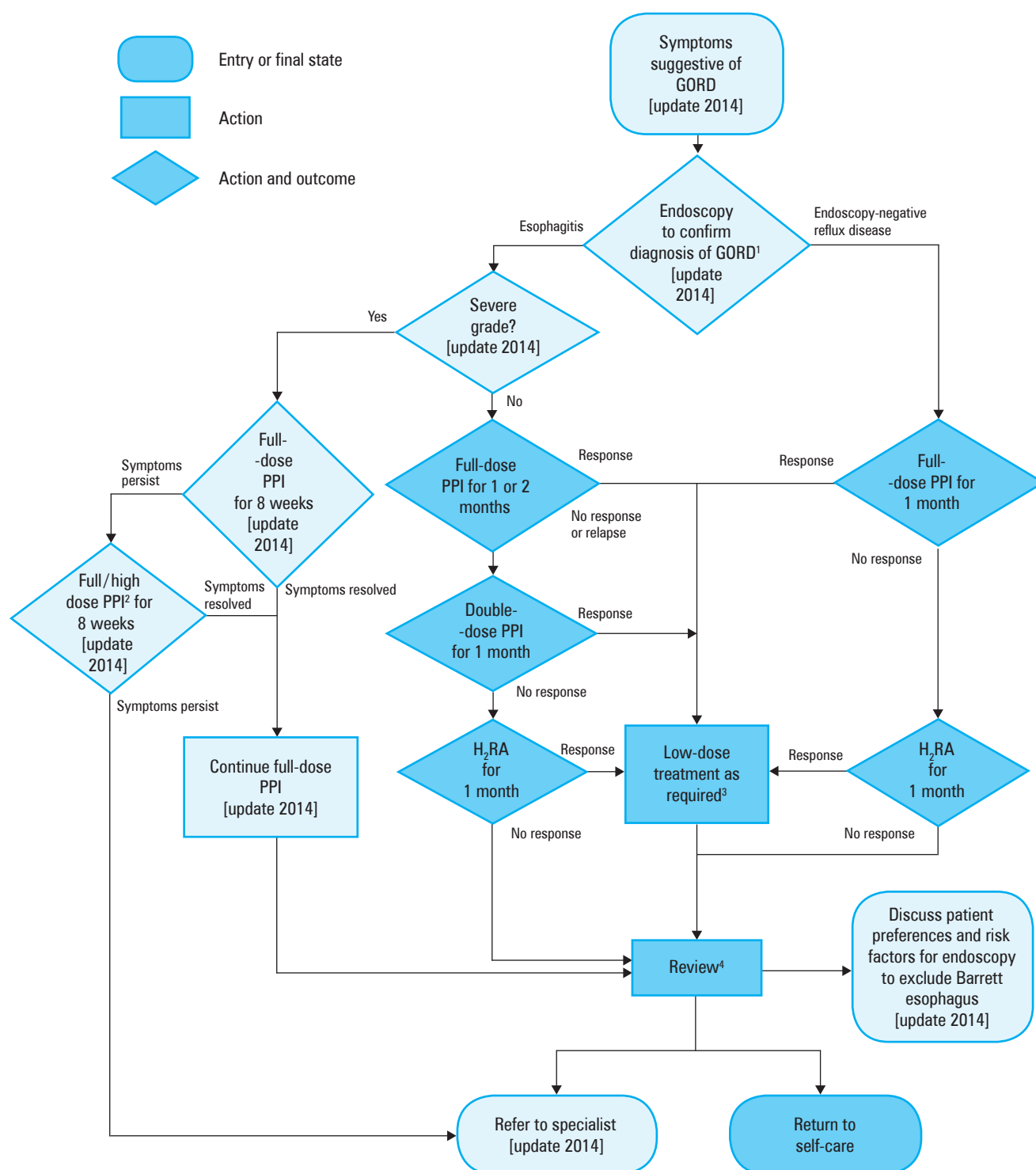


CORRECTIONS

In the Review Article entitled “Gastroesophageal reflux disease and Barrett esophagus: an overview of evidence-based guidelines” published in the July-August 2019 issue (Ratcliffe EG, Jankowski JA. *Pol Arch Intern Med.* 2019; 129 (7–8): 516–525. doi:10.20452/pamw.14828) changes were made in **FIGURE 1**. The correct version of **FIGURE 1** is provided on the next page.

Additionally, in the Barrett esophagus and genetics section on page 521, the sentence “The study located 2 genetic foci of significance in EAC.” should have read “The study located 2 genetic loci of significance in EAC.” In the same section on the same page, the sentence “This foci also showed changes geographically, although without strong significance, but seemed to be associated with areas of higher EAC prevalence, for example, Scotland.” should have read “This loci also showed changes geographically, although without strong significance, but seemed to be associated with areas of higher EAC prevalence, for example, Scotland.”

The article is correct at www.mp.pl/paim.



1. GORD refers to endoscopically-determined esophagitis or endoscopy-negative reflux disease. Patients with uninvestigated 'reflux-like' symptoms should be managed as patients with uninvestigated dyspepsia. There is currently no evidence that *Helicobacter pylori* should be investigated in patients with GORD.

2. Consider a high dose of the initial PPI, switching to another full-dose PPI, or switching to another high-dose PPI.

3. Offer low-dose treatment, possibly on an as-required basis.

4. Review long-term patient care at least annually to discuss medication and symptoms.

In some patients with an adequate response to therapy or new emergent symptoms, it may become appropriate to refer to a specialist for a second opinion.

A minority of patients have persistent symptoms despite PPI therapy and this group remain a challenge to treat. Therapeutic options include adding an H₂ receptor antagonist at bedtime.

FIGURE 1 Flow diagram showing the progress through interventions for gastroesophageal reflux disease in adults and when to refer to specialist care. Reprinted with permission from ©NICE (2014) CG184 Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management, full evidence. Available from www.nice.org.uk/guidance/cg184. All rights reserved. Subject to Notice of rights. NICE guidance is prepared for the National Health Service in England. All NICE guidance is subject to regular review and may be updated or withdrawn. NICE accepts no responsibility for the use of its content in this product/publication.