

Challenges and Considerations in Assessing GERD: A Critical Review of a Study in Southern Punjab, Pakistan [Letter]

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Dear editor

We congratulate Rasool et al for successfully conducting a study in Southern Punjab, Pakistan, aimed at assessing the frequency and risk factors associated with GERD in a population that was previously unstudied.¹ The research adopted a cross sectional design which is appropriate for this type of study allowing various factors to be assessed at a single point in time. The use of GerdQ which is a self-administered questionnaire to detect the presence of GERD is also commendable as it provides a structured approach to screening for GERD symptoms. Findings from this research indicated that GERD was considerably prevalent in the studied population, with various modifiable risk factors significantly associated with the disease.

However, after carefully examining this study, we are inclined to express concerns about one of the conclusions from this study. It appears that this article discusses the correlation of GERD with soft drinks which contradicts several other well-reputed studies by Johnson et al,² and a recent study by Lim et al.³ These studies clearly state that there is a lack of evidence and research that soft drinks/carbonated drinks cause or exacerbate GERD-related symptoms. These contradictory statements can raise questions regarding the generalizability of the results.

In addition to this, the survey instrument's reliance on self-reported soft drink consumption may have introduced recall bias, potentially affecting the precision of the reported results. Moreover, self-administered questionnaires are not exceptional for diagnostic accuracy of clinical assessments conducted by healthcare professionals.

Furthermore, the study's sample size consisted of 308 participants, which does not represent the entire population of Southern Punjab, adding generalizability of the findings. A larger sample size would enhance the study's statistical power and improve the precision of prevalence estimates.

Another study by Cuomo et al⁴ suggests that there is need for further research on the correlation of carbonated beverages and GERD. To enhance credibility of this research, methods like dietary records and biomarker analysis can be used. The study could also have benefited from multivariate analysis to assess the independent contribution of each risk factor while controlling for potential confounders. Variables such as lifestyle factors, smoking and dietary records can be controlled to draw out the true relation between GERD and carbonated beverages. Additionally, the study did not explore potential interactions between risk factors, which could provide valuable insights into the complex etiology of GERD.

GERD epidemiology is not entirely understood, however, by addressing the discrepancies highlighted in this study, we can pave the way for more robust research methodologies which will lead to deeper understanding. Dealing with these concerns is imperative in order to elucidate any confusion that stands between understanding the core risk factors concerning GERD. We express our sincere gratitude for your attention to this matter and expect continued efforts in exploring the multifaceted nature of GERD which will one day benefit individuals suffering from this widespread gastrointestinal disorder.

Disclosure

The authors report no conflicts of interest in this communication.

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