it is not surprising that trial results have been disappointing. Only small, uncontrolled trials exist, reporting response to nitrates, calcium channel blockers, hydralazine, botulinum toxin, and anxiolytics. POEM with distal esophageal myotomy or surgical myotomy should be considered only with severe weight loss or intractable pain. These indications are extremely rare.

■ NONSPECIFIC MANOMETRIC FINDINGS

Manometric studies done to evaluate chest pain and/or dysphagia often report minor abnormalities (e.g., hypertensive or hypotensive peristalsis, hypertensive LES) that are insufficient to diagnose either achalasia or DES. These findings are of unclear significance. Reflux and psychiatric diagnoses, particularly anxiety and depression, are common among such individuals. A lower visceral pain threshold and symptoms of irritable bowel syndrome are noted in more than half of such patients. Consequently, therapy for these individuals should target either the most common esophageal disorder, GERD, or cognitive disorders that may be present.

GASTROESOPHAGEAL REFLUX DISEASE

The current conception of GERD is that it encompasses a family of conditions with the commonality that they are caused by gastroesophageal reflux resulting in either troublesome symptoms or an array of potential esophageal and extraesophageal manifestations. It is estimated that 10–15% of adults in the United States are affected by GERD, although such estimates are based on population studies of self-reported chronic heartburn. With respect to the esophagus, the spectrum of injury includes esophagitis, stricture, Barrett's esophagus, and adenocarcinoma **(Fig. 323-9)**. Of particular concern is the rising incidence of esophageal adenocarcinoma, an epidemiologic trend that parallels the increasing incidence of GERD. About 9200 incident cases of esophageal adenocarcinoma were noted in the United States in 2020 (estimated as half of all esophageal cancers); this disease burden has increased two- to sixfold in the past 20 years.