

## Overlapping functional syndromes: a way forward for medical therapy?

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Large overlaps exist among GERD, dyspepsia and IBS that are often overlooked by practicing doctors and investigators alike, while they may account for substantial proportions of the unsatisfactory responses to old and new therapies. GERD and dyspepsia are considered as a single entity in some countries, despite overwhelming evidence of a poor response to PPI therapy of all digestive symptoms, but predominant heartburn and regurgitation. On the contrary, the clinical difference between GERD and IBS is universally accepted despite the fact the two syndromes may share common underlying pathophysiological mechanisms. Approximately 30% of IBS patients complain of heartburn, while up to 60% of patients with erosive or non-erosive GERD complain of IBS or, in general, of symptoms suggestive of intestinal dysfunction. Both conditions are so common in the general population that simple chance makes some overlap likely. However, accumu-

lating evidence seems to point towards a significantly higher mutual prevalence between IBS and GERD than anticipated by coincidence, possibly due to common pathogenetic mechanisms. Both GERD and IBS patients present lower LES pressures, higher reflux rates, esophageal hyperalgesia, abnormal proximal gut motor functions and bronchial hyperresponsiveness, compared to controls, suggestive of common neuromuscular abnormalities.

Subgrouping functional digestive disorders is certainly useful to force investigators to clearly define populations included in clinical trials, but overlooking concomitant presence of symptoms currently classified as being part of different clinical conditions could represent a major mistake that may potentially further delay our understanding of these conditions and of their treatment success or failure. The two apparently conflicting arguments can be easily reconciled by appropriate data collection.