

DAFTAR PUSTAKA

1. Vaishnav B, Bamanikar A, Maske P, et al. Gastroesophageal reflux disease and its association with body mass index: Clinical and endoscopic study. *J Clin Diagnostic Res.* 2017;11(4):OC01–4.
2. Vakil N. Disease definition, clinical manifestations, epidemiology and natural history of GERD. *Best Pract Res Clin Gastroenterol.* 2010;24(6):759–64.
3. Syam AF, Aulia C RK et al. Revisi Konsensus Nasional Penatalaksanaan Penyakit Refluks Gastroesophageal di Indonesia. In 2013. p. 1–60.
4. Sami SS, Ragunath K. The Los Angeles Classification of Gastroesophageal Reflux Disease. *Video J Encycl GI Endosc.* 2013;1(1):103–4.
5. Richter JE, Rubenstein JH. Presentation and epidemiology of gastroesophageal reflux disease. *Gastroenterology.* 2018;154(2):267–76.
6. Nirwan JS, Hasan SS, Babar ZUD, et al. Global Prevalence and Risk Factors of Gastro-oesophageal Reflux Disease (GORD): Systematic Review with Meta-analysis. *Sci Rep.* 2020;10(1).
7. Jonasson C, Wernersson B, Hoff DAL, et al. Validation of the GerdQ questionnaire for the diagnosis of gastro-oesophageal reflux disease. *Aliment Pharmacol Ther.* 2013;37(5):564–72.
8. Zafar S, Haque IU, Tayyab GUN, et al. Correlation of gastroesophageal reflux disease symptoms with body mass index. *Saudi J Gastroenterol Off J Saudi Gastroenterol Assoc.* 2008;14(2):53.
9. Emerenziani S, Rescio MP, Guarino MPL, et al. Gastro-esophageal reflux disease and obesity, where is the link? *World J Gastroenterol.* 2013;19(39):6536–9.

10. Hampel H, Abraham NS, El-Serag HB. Meta-analysis: obesity and the risk for gastroesophageal reflux disease and its complications. *Ann Intern Med.* 2005;143(3):199–211.
11. Lagergren J, Bergström R, Nyren O. No relation between body mass and gastro-oesophageal reflux symptoms in a Swedish population based study. *Gut.* 2000;47(1):26–9.
12. Talley NJ, Howell S, Poulton R. Obesity and chronic gastrointestinal tract symptoms in young adults: a birth cohort study. *Off J Am Coll Gastroenterol ACG.* 2004;99(9):1807–14.
13. Singh M, Lee J, Gupta N, Gaddam S, et al. Weight loss can lead to resolution of gastroesophageal reflux disease symptoms: a prospective intervention trial. *Obesity.* 2013;21(2):284–90.
14. Makmun D. Penyakit Refluks Gastrointestinal. In: Buku Ajar Ilmu Penyakit Dalam. 2014. p. 1748–56.
15. Royal G. Disease of The Oesophagus. In: Harrison Gastrology and Hepatology. 2007. p. 117–9.
16. Hunt R, Armstrong D, Katelaris P, et al. Global perspective on gastroesophageal reflux disease. *World Gastroenterol Organ Wisconsin USA.* 2015;37.
17. Kahrilas P HI. Disease of The Oesophagus. In: Mc Graw Hill 19 th ed. 2015. p. 1906.
18. Bai Y, Du Y, Zou D, Jin Z, et al. Gastroesophageal Reflux Disease Questionnaire (GerdQ) in real-world practice: a national multicenter survey on 8065 patients. *J Gastroenterol Hepatol.* 2013;28(4):626–31.

19. Gonzales MA, Jacome AA, Dazaet al. Validation and diagnostic usefulness of gastroesophageal reflux disease questionnaire in a primary care level in Mexico. *J Neurogastroenterol Motil.* 2014;20(4):475.
20. Badillo R, Francis D. Diagnosis and treatment of gastroesophageal reflux disease. *World J Gastrointest Pharmacol Ther.* 2014;5(3):105.
21. Gyawali CP, Kahrilas PJ, Savarino E, et al. Modern diagnosis of GERD: the Lyon Consensus. *Gut.* 2018;67(7):1351–62.
22. Katzka DA, Kahrilas PJ. Advances in the diagnosis and management of gastroesophageal reflux disease. *BMJ.* 2020;371.
23. Nuttall FQ. Body mass index: obesity, BMI, and health: a critical review. *Nutr Today.* 2015;50(3):117.
24. Weisell RC. Body mass index as an indicator of obesity. *Asia Pac J Clin Nutr.* 2002;11:S681–4.
25. El-Serag H. The association between obesity and GERD: a review of the epidemiological evidence. *Dig Dis Sci.* 2008;53(9):2307–12.
26. Syam AF, Hapsari PFC, Makmun D. The prevalence and risk factors of GERD among Indonesian medical doctors. *Makara J Heal Res.* 2016;35–40.
27. Wang H-Y, Leena KB, Plymoth A, et al. Prevalence of gastro-esophageal reflux disease and its risk factors in a community-based population in southern India. *BMC Gastroenterol.* 2016;16(1):1–6.
28. Atta MM, Sayed MH, Zayed MA, et al. Gastro-oesophageal reflux disease symptoms and associated risk factors among medical students, Saudi Arabia. *Int J Gen Med.* 2019;12:293.

29. Young A, Kumar MA, Thota PN. GERD: A practical approach. Cleve Clin J Med. 2020;87(4):223–30.
30. De Giorgi F, Palmiero M, Esposito I, et al. Pathophysiology of gastro-oesophageal reflux disease. Acta Otorhinolaryngol Ital. 2006;26(5):241.
31. Icitovic N, Onyebeke LC, Wallenstein S, et al. The association between body mass index and gastroesophageal reflux disease in the World Trade Center Health Program General Responder Cohort. Am J Ind Med. 2016;59(9):761–6.
32. Chang P, Friedenberg F. Obesity and GERD. Gastroenterol Clin. 2014;43(1):161–73.
33. Clarrett DM, Hachem C. Gastroesophageal reflux disease (GERD). Mo Med. 2018;115(3):214.
34. Ayazi S, Hagen JA, Chan LS, et al. Obesity and gastroesophageal reflux: quantifying the association between body mass index, esophageal acid exposure, and lower esophageal sphincter status in a large series of patients with reflux symptoms. J Gastrointest Surg. 2009;13(8):1440–7.
35. Lambert DM, Marceau S, Forse RA. Intra-abdominal pressure in the morbidly obese. Obes Surg. 2005;15(9):1225–32.
36. Almadi MA, Almousa MA, Althwainy AF, Altamimi AM, Alamoudi HO, Alshamrani HS, et al. Prevalence of symptoms of gastroesophageal reflux in a cohort of Saudi Arabians: a study of 1265 subjects. Saudi J Gastroenterol Off J Saudi Gastroenterol Assoc. 2014;20(4):248.

37. Jacobson B, Somers S, Fuchs C, Al E. Association Between Body Mass Index and Gastroesophageal Reflux Symptoms in Both Normal Weight and Overweight Women. *N Engl J Med.* 354(22).
38. Purthana I, Somayana G. Hubungan antara berat badan lebih dengan penyakit reflux gastroesophageal di RSUP sanglah Denpasar periode juli-desember 2018. *J Med Udayana.* 2020;9(6).
39. Halawani H, Banoon S. Prevalence and Determinants of Gastroesophageal Reflux Disease and the Risk Factors Among Adult Patients Attending Al-Iskan Primary Health Care Center in Makkah, 2020. *Cureus.* 2020;12(September).
40. Kim O, Jang HJ, Kim S, Lee H-Y, et al. Gastroesophageal reflux disease and its related factors among women of reproductive age: Korea Nurses' Health Study. *BMC Public Health.* 2018;18(1):1–8.
41. Asanuma K, Iijima K, Shimosegawa T. Gender difference in gastroesophageal reflux diseases. *World J Gastroenterol.* 2016;22(5):1800–10.
42. Kim SY, Jung HK, Lim J, Kim TO, et al. Gender specific differences in prevalence and risk factors for gastro-esophageal reflux disease. *J Korean Med Sci.* 2019;34(21):1–15.
43. Çela L, Kraja B, Hoti K, et al. Lifestyle characteristics and gastroesophageal reflux disease: A population-based study in Albania. *Gastroenterol Res Pract.* 2013;2013.

44. Yamasaki T, Hemond C, Eisa M., The changing epidemiology of gastroesophageal reflux disease: Are patients getting younger? *J Neurogastroenterol Motil.* 2018;24(4):559–69.
45. Chait MM. Gastroesophageal reflux disease: Important considerations for the older patients. *World J Gastrointest Endosc.* 2010;2(12):388.



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REKOMENDASI PERSETUJUAN ETIK

Nomor : 806/UN4.6.4.5.31/ PP36/ 2020

Tanggal: 11 Desember 2020

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH20120697	No Sponsor Protokol	
Peneliti Utama	dr. Tenri Ampa	Sponsor	
Judul Peneliti	Hubungan antara Indeks Massa Tubuh dengan Gastroesophageal Refluks Disease		
No Versi Protokol	1	Tanggal Versi	4 Desember 2020
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RSUP Dr. Wahidin Sudirohusodo Makassar		
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard Tanggal	Masa Berlaku 11 Desember 2020 sampai 11 Desember 2021	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	Nama dr. Agussalim Bukhari, M.Med.,Ph.D.,Sp.GK (K)	Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Lapor SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

