

Gastroesophageal reflux disease (GERD)

Gastroesophageal reflux disease (GERD) is a digestive disorder that allows the stomach's contents to flow back up into the esophagus, causing "heartburn." GERD involves the *lower esophageal sphincter (LES)*—a small ring of muscle located at the lower end of the esophagus where it enters the stomach. In normal digestion, the LES opens to allow food to pass into the stomach and closes to prevent food and stomach acids from flowing back into the esophagus. GERD occurs when the muscle is weak or relaxes inappropriately.

Many people suffer from heartburn or acid indigestion caused by GERD. Over time, exposure to this acid can cause *esophagitis*, which involves irritation and possible scarring and narrowing of the lower esophagus. Ulcers and bleeding, and in rare instances, cancer, can result. These symptoms can often be attributed to dietary and lifestyle choices. Smoking and consuming certain foods and beverages may weaken the LES, causing reflux and heartburn. Conditions such as obesity and pregnancy also can induce GERD, due to increased abdominal pressure.

Note your symptoms

Common symptoms of GERD include:

- *Heartburn.* Characterized by a burning pain behind the breastbone, often accompanied by regurgitation. Heartburn is the most common symptom of GERD; occurs most frequently after meals or when lying down, and may be accompanied by nausea, belching, or a bloated feeling.
- *Regurgitation.* The backflow of gastric contents into the esophagus, and often the mouth, resulting in a bitter or acidic taste and the sensation that food is coming back up into the mouth. Increased abdominal pressure, such as bending over, can cause regurgitation.
- *Hypersalivation.* A sensation of increased liquid in the mouth resulting from acid reflux into the esophagus. Hypersalivation can occur along with heartburn.
- *Painful or difficult swallowing.* If the esophagus narrows due to damage from excess acid, swallowing can be difficult. Dense foods such as bread, apples or beef may be difficult to swallow.
- *Chest pain.* A frequent complaint in up to half of all GERD cases. It is important to rule out other conditions that cause chest pain, including cardiac or pulmonary disease. **Any chest pain, even burning, requires medical evaluation.**
- *Asthma, hoarseness, sore throat, hiccups or the sensation of a lump in your throat.* These symptoms can occur with GERD, but are less common than the other symptoms listed.

Hiatal hernia and GERD

Symptoms of hiatal hernia are sometimes confused with those of GERD. This condition involves a portion of the stomach pushing through the normal opening of the *diaphragm*, the muscular wall separating the stomach area from the chest cavity, making it easier for stomach contents to flow back into the esophagus. However, GERD is not caused by a hiatal hernia and GERD can occur when no hernia is present. A hiatal hernia is treated only if you have symptoms of GERD, and the treatment is usually medical rather than surgical. In most cases, a hiatal hernia causes no symptoms. You may not even know you have one until your doctor discovers it after a routine chest x-ray.

What you can do

Occasional reflux of stomach contents occurs in almost everyone. However, if you have frequent reflux symptoms, changes in your diet and lifestyle are the first steps in treatment. The goal is to decrease the amount of reflux, thereby reducing damage to the lining of the esophagus. Try the following:

- Avoid large meals. Eat small, frequent meals instead and avoid eating within three hours of bedtime. Large meals increase internal pressure against the LES.
- Do not eat just prior to lying down. Staying upright keeps acid in your stomach and prevents reflux. Lying down slows digestion and keeps the digestive juices in your stomach longer.
- Avoid foods that relax the LES, such as chocolate, alcohol and peppermint. Avoid fatty foods in particular.
- Avoid foods that irritate the esophagus, such as citrus fruits and juices, carbonated beverages, pepper, tomato products, coffee and spicy foods.

Lifestyle changes that may help prevent symptoms include:

- Avoiding tight clothing, especially that which constricts the abdomen (girdles, tight pants or belts, etc.)
- Losing weight, if you are overweight. Extra abdominal weight spreads out when you lie down, pressing the abdominal contents into the chest.
- Elevating your head while sleeping, with a wedge-shaped pillow or four- to six-inch blocks under the upper-end legs
- Not smoking. Cigarettes and other nicotine products relax the LES and stimulate stomach acid secretion. If you feel you can't stop smoking, refrain while lying down and before bedtime.

Medication tips

A number of medications can help control symptoms of GERD, but some medications can cause it or worsen your symptoms. Keep the following in mind:

- Check with your pharmacist before purchasing over-the-counter (OTC) medications because they sometimes interfere with the effectiveness of other medications you may be taking.

- Avoid using medications that are known stomach irritants such as aspirin, ibuprofen and other anti-inflammatory drugs. Prescribed medications such as *anticholinergics* (Lomotil) and *calcium channel blockers* (Procardia) promote the backward flow of stomach juices. If you take these medications and have symptoms of GERD, consult your doctor.
- Try antacids that neutralize stomach acids. Used according to directions and in moderation, antacids can quickly relieve the symptoms of occasional heartburn and indigestion. However, heavy and extended use of antacids can harm your heart, kidneys and bones. If you are taking antacids on a regular basis, be sure to consult with your doctor.
- Try *acid reducers*, which decrease the production of stomach acid. Medications now available without a prescription include famotidine (Pepcid), ranitidine (Zantac), nizatidine (Axid), cimetidine (Tagamet), and omeprazole (Prilosec). Do not use the maximum daily dose of an acid reducer for more than two weeks. If your symptoms persist after two weeks, consult your doctor before taking more medication.

Final note

Dietary and lifestyle changes are critical to managing GERD. Learn when to treat heartburn on your own, when to take an antacid or an acid reducer, and when to seek advice from your doctor.

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