



Gastroesophageal Reflux Disease (GERD)

PATIENT EDUCATION SERIES

What is GERD?

Gastroesophageal reflux, or acid reflux, occurs when stomach contents reflux (back up) into the esophagus or mouth. It occurs commonly and briefly in healthy people and usually does not cause bothersome symptoms.

In contrast, people with gastroesophageal reflux disease (GERD) experience uncomfortable symptoms or injury to the esophagus as a result of the reflux. The esophagus can be damaged by repetitive, prolonged exposure to the high acidity of stomach contents. Treatments for GERD are designed to decrease the acidity of the stomach contents while limiting the amount and duration of the reflux.

What are symptoms of GERD?

The most common symptom of GERD is heartburn, which is a burning sensation in the center of the chest, sometimes spreading to the throat.

Other common symptoms are: pain in the upper abdomen, chest pain, a sensation of food getting stuck, regurgitation of food/fluid, an acid taste in the throat, and burping.

Less common symptoms are: painful swallowing, persistent laryngitis or hoarseness, persistent sore throat, chronic cough and sense of a lump in the throat.

You should seek medical help if there is difficulty or pain with swallowing, unexplained weight loss, chest pain, choking, or bleeding (i.e. vomiting blood or having dark stools).

How is GERD diagnosed?

GERD is diagnosed by a medical provider based on the history of your symptoms and your response to treatment. Your provider will also rule out other causes of symptoms such as chest pain. Endoscopy is a test in which a lighted tube is inserted into the esophagus and stomach to look for damage to the mucosal linings of those organs, and to take biopsy samples of damaged areas. Endoscopy is usually reserved for people who fail treatment with medications or who have “alarm” symptoms (eg. weight loss, dark tarry stools, bloody vomiting, difficulty or pain with swallowing), to insure there is not a more serious cause of symptoms.

How is GERD treated?

Mild GERD is treated with lifestyle changes and non-prescription medicines, including antacids or a group of medicines known as histamine antagonists.

Moderate to severe GERD and mild GERD unresponsive to histamine antagonists/lifestyle changes may be treated with a different class of medicines, proton pump inhibitors (PPIs).

Lifestyle treatments for GERD

Lifestyle changes that are the most helpful are:

For all people: maintaining weight in a healthy range (losing weight if overweight).

For people with night time heartburn or laryngeal symptoms: elevating the head of the bed 6-8 inches on blocks or with a wedge under the mattress (using gravity to help reduce reflux).

For many people:

- ◆ Avoid large or late meals, especially within 3 hours of bedtime.
- ◆ Avoid acid reflux-inducing foods such as alcohol, caffeine, chocolate, peppermint, and fatty foods.
- ◆ Limit onions, tomato, and citrus.
- ◆ Stop smoking and chew gum to increase saliva which neutralizes stomach acid (avoid sugarless gum with sorbitol, as this can increase gas).
- ◆ Avoid tight fitting clothing which may increase the pressure on the abdomen and stomach.

Medications for GERD

Nonprescription medications used for mild acid reflux are antacids such as Tums, Maalox, or Mylanta (in liquid or pill form). These medicines neutralize stomach acid only very briefly after each dose and thus are not very effective.

Histamine antagonists reduce the production of acid in the stomach. They work quickly and are effective for many. Examples of histamine antagonists are ranitidine (Zantac), famotidine (Pepcid), cimetidine (Tagamet) and nizatidine (Axid). Most are available over the counter and also in prescription strengths from your provider.

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Moderate to severe symptoms of GERD or mild symptoms unresponsive to histamine antagonists and lifestyle changes may be treated with PPIs, very effective medicines for reducing the production of stomach acid. Examples are: omeprazole (Prilosec), esomeprazole (Nexium), lansoprazole (Prevacid) and pantoprazole (Protonix), rabeprazole (Aciphex).

For optimum effectiveness, PPIs should be taken on an empty stomach before the first meal of the day. In some cases, under the direction of your provider, a second dose may need to be given before the evening meal. PPIs take about 5 days to build up to their maximum effective level. For this reason, they should not be used on an “as needed” basis. Generally, they should not be used along with histamine antagonist medicines.

Once the optimum dose has been found, the PPI is often continued for several weeks, at which time the medication may be stopped or decreased. If symptoms recur within 3 months, long term treatment may be needed. If symptoms do not recur within 3 months, intermittent treatment is usually adequate. If the symptoms are not controlled, endoscopy is often recommended, and requires a referral to a gastroenterologist.

Complications of untreated long term GERD

Untreated GERD is uncomfortable. The delicate esophageal tissues can be damaged by repeated, prolonged exposure to the highly acidic refluxed stomach contents. Scar tissue (strictures) can develop from the acid exposure, narrowing the esophagus. Precancerous changes in the esophagus can also be complications of long term untreated GERD. Asthma (spasms in the airways triggered by reflux of acid), chronic laryngitis and chronic cough have also been reported as complications of GERD.

Make an appointment with a provider if you have symptoms of GERD to discuss what treatment may be best for you.