



GASTROESOPHAGEAL REFLUX DISEASE

WHAT IS GASTROESOPHAGEAL REFLUX?

Gastroesophageal Reflux (GER) is a term that refers to the backflow of stomach contents, which are very acidic, into the esophagus (swallowing tube). Because GER episodes can occur up to 50 times a day, usually during and after meals in healthy individuals, and not produce any symptoms, GER is a normal process. If, however, you are experiencing symptoms such as heartburn, excessive burping or regurgitation, this is known as Gastroesophageal Reflux Disease, or GERD. You may not experience these symptoms, but instead, experience cough, hoarseness, difficulty swallowing, or a sensation something is stuck in the throat. This is known as silent GERD.

CAUSES

GERD can be caused by a hiatus hernia (the upper part of the stomach and the upper stomach valve move to above the diaphragm). Being overweight or being pregnant can place excess pressure on the abdomen, forcing stomach acid into the esophagus. Smoking can weaken and relax the lower esophageal sphincter (LES), which is a valve at the junction between esophagus and stomach. If the LES isn't working properly or relaxes inappropriately, stomach contents can reflux back up into the esophagus.

FOODS THAT AGGRAVATE GERD

- ✓ citrus fruits
- ✓ chocolate
- ✓ drinks with caffeine or alcohol
- ✓ fatty and fried foods
- ✓ garlic and onions
- ✓ mint flavourings
- ✓ spicy foods
- ✓ tomato-based foods, like spaghetti sauce, salsa, chili, and pizza

TREATMENT

LIFESTYLE CHANGES

- ✓ If you smoke, stop.
- ✓ Lose weight if needed.
- ✓ Wear loose-fitting clothes.
- ✓ Eat small, frequent meals.
- ✓ Avoid lying down for 3 hours after a meal.
- ✓ Avoid foods and beverages that worsen symptoms
- ✓ Raise the head of your bed 6 inches by securing wood blocks under the bedposts at the head of the bed. Just using extra pillows will not help

OVER THE COUNTER MEDICATIONS

Antacids, such as Alka-Seltzer, Maalox, and Roloids are usually the first drugs recommended to relieve heartburn and other mild GERD symptoms. These neutralize the acid in your stomach. Calcium carbonate antacids, such as Tums can also be a supplemental source of calcium.

Foaming agents, such as Gaviscon, work by covering your stomach contents with foam to prevent reflux.

H2 blockers, such as cimetidine (Tagamet HB), famotidine (Pepcid AC), and ranitidine (Zantac 75), decrease acid production. They are available in prescription strength and over-the-counter strength. These drugs provide short-term relief and are effective for about half of those who have GERD symptoms.

PRESCRIPTION MEDICATIONS

Proton pump inhibitors include omeprazole (Losec), lansoprazole (Prevacid), pantoprazole (Panteloc), rabeprazole (Prevacid), dexlansoprazole (Dexilant), pantoprazole magnesium (Tecta) and esomeprazole (Nexium), which are available by prescription. Proton pump inhibitors are more effective than H2 blockers and can relieve symptoms and heal the esophageal lining in almost everyone who has GERD.

Prokinetics help strengthen the LES and make the stomach empty faster. This group includes bethanechol (Urecholine) and metoclopramide (Reglan). Metoclopramide also improves muscle action in the digestive tract. Prokinetics have frequent side effects that limit their usefulness— fatigue, sleepiness, depression, anxiety, and problems with physical movement.

REFERENCES

1. Irwin RS, [Chronic cough due to gastroesophageal reflux disease - ACCP evidence-based clinical practice guidelines](#). CHEST: 129 Issue: 1 Supplement: S Pages: 80S-94S DOI: 10.1378/chest.129.1_suppl.80S Published: JAN 2006
2. [National Digestive Diseases Information Clearinghouse](#) (NDDIC), retrieved 20 Dec 2011