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GASTROESOPHAGEAL REFLUX (GERD)

WHAT IS GERD?

Gastroesophageal reflux disease, or GERD, occurs when acid from the stomach backs up into the esophagus. Normally, food travels from the mouth, down through the esophagus and into the stomach. A ring of muscle at the bottom of the esophagus—the lower esophageal sphincter (LES)—contracts to keep the stomach's acidic contents from refluxing or coming back up into the esophagus. In those that have GERD, the LES does not close properly, allowing acid to move up into the esophagus.

Occasional heartburn is normal. However, if heartburn becomes chronic, occurring more than twice a week, you may have GERD. Left untreated, GERD can lead to more serious health problems.

WHO GETS GERD?

Anyone can have GERD. Women, men, infants and children can all experience this disorder. Overweight people or pregnant women are particularly susceptible because of the pressure on their stomachs. Most infants grow out of GERD by the time they are one year old.

TIPS TO PREVENT GERD

- Do not drink alcohol
- Lose weight
- Quit smoking
- Wear loose-fitting clothing
- Eat small meals and slowly
- Limit problem foods such as:
  - » Caffeine
  - » Carbonated drinks
  - » Chocolate
  - » Peppermint
  - » Tomato and citrus foods
  - » Fatty and fried foods
  - » Spicy foods

WHAT ARE THE SYMPTOMS OF GERD?

The symptoms of GERD may include persistent heartburn, acid regurgitation and nausea. Some people have GERD without heartburn. Instead, they experience pain in the chest that can be severe enough to mimic the pain of a heart attack, hoarseness in the morning or trouble swallowing. Some people may also feel like they have food stuck in their throat or like they are choking. GERD can also cause a dry cough and bad breath.

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WHAT CAUSES GERD?

Physical causes of GERD can include a malfunctioning or abnormal lower esophageal sphincter muscle (LES), hiatal hernia, abnormal esophageal contractions and slow emptying of the stomach.

WHEN SHOULD I SEE A DOCTOR?

If you experience heartburn more than twice a week, frequent chest pains after eating, trouble swallowing, persistent nausea, and cough or sore throat unrelated to illness, you may have GERD. For proper diagnosis and treatment, you should be evaluated by a physician.

While most people with GERD respond to a combination of lifestyle changes and medication, occasionally surgery is recommended.

Lifestyle changes include: losing weight, quitting smoking, wearing loose clothing around the waist, raising the head of your bed (so gravity can help keep stomach acid in the stomach), eating your last meal of the day three hours before bed, and limiting certain foods such as spicy and high-fat foods, caffeine and alcohol.

Medications your doctor may prescribe for GERD include: antacids (such as Tums®, Rolaids, etc.), histamine antagonists (H2 blockers such as Tagamet), proton pump inhibitors (such as Prilosec, Prevacid, Aciphex, Protonix, and Nexium), pro-motility drugs (Reglan), and foam barriers (Gaviscon). Some of these products are now available over-the-counter and do not require a prescription.

ARE THERE LONG-TERM HEALTH PROBLEMS ASSOCIATED WITH GERD?

GERD may damage the lining of the esophagus, thereby causing inflammation (esophagitis), although this is uncommon. Barrett's esophagus is a pre-cancerous condition that requires periodic endoscopic surveillance for the development of cancer.

TYPICAL DOSAGE

- Pepcid® (famotidine) (20-40 mg): One to two tablets each morning and/or evening
- Prevacid (lansoprazole) (15-30 mg): One to two tablets each morning and/or evening
- Prilosec (omeprazole) (20-40 mg): One to two tablets each morning and/or evening
- AcipHex (rabeprazole) (20-40 mg): One to two tablets each morning and/or evening
- Nexium (esomeprazole) (40-80 mg): One to two tablets each morning and/or evening
- Protonix (pantoprazole) (40 mg): One to two tablets each morning and/or evening