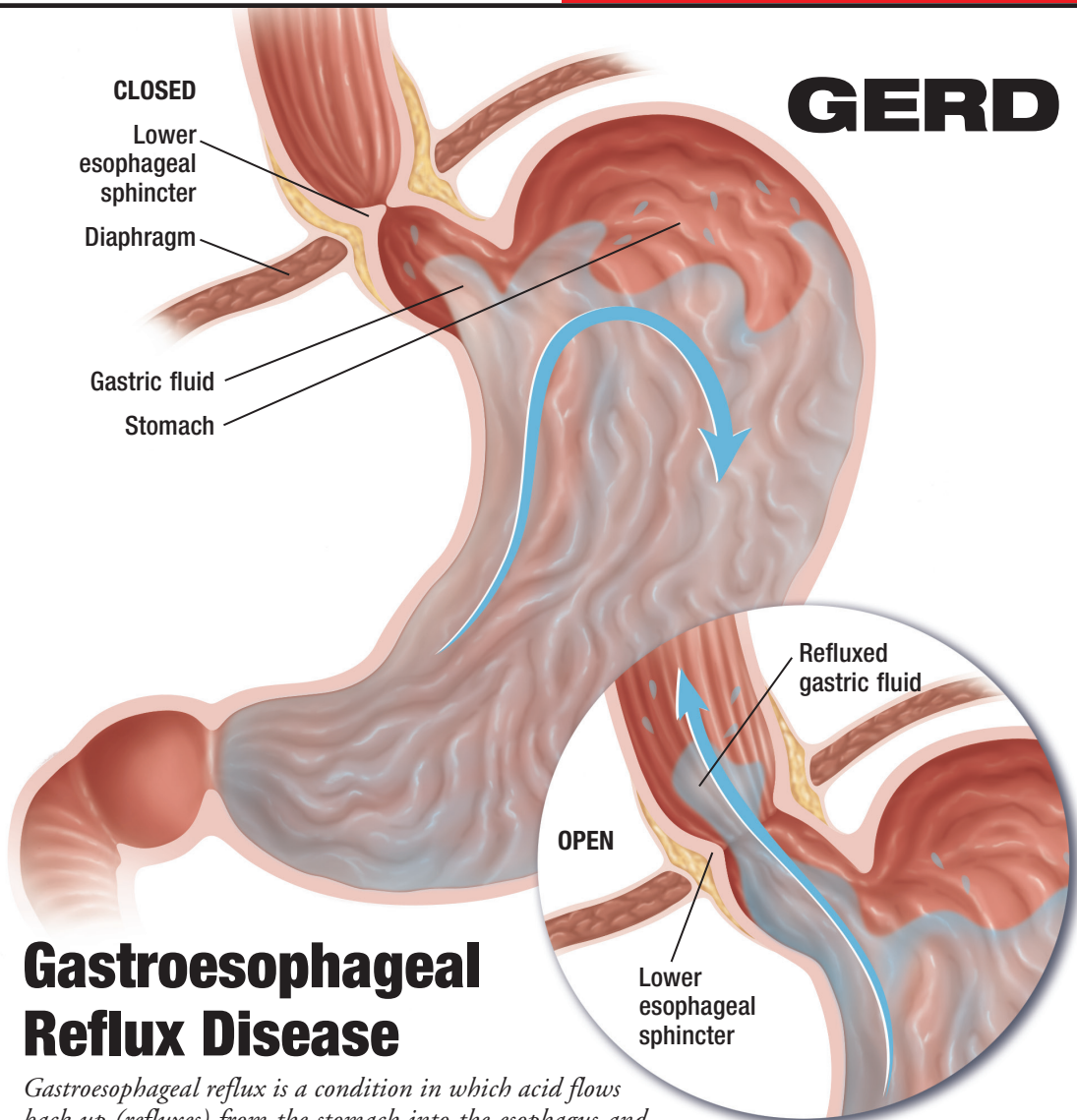


GERD



Gastroesophageal Reflux Disease

Gastroesophageal reflux is a condition in which acid flows back up (refluxes) from the stomach into the esophagus and causes heartburn. If reflux becomes a chronic occurrence, it is referred to as gastroesophageal reflux disease (GERD). If left untreated, GERD can lead to inflammation of the esophageal tissue, precancerous changes in the esophageal lining, and even esophageal cancer.

A circular muscle at the lower end of the esophagus, known as the lower esophageal sphincter (LES), tightens after swallowing is complete and keeps the contents of the stomach from reentering the esophagus. For people with chronic acid reflux, the LES may not tighten enough to prevent reflux. GERD may also be a result of slow stomach emptying. Obesity, pregnancy, hiatal hernia, and smoking are factors that can increase the risk of GERD. There are also many foods and medications that can worsen the symptoms.

Although symptoms such as a burning sensation in the upper chest or nausea are common, others, such as difficult or painful swallowing, chronic cough or wheezing, hoarseness, or vomiting, require a physician's evaluation. Any symptom that occurs more than twice a week for several weeks should be investigated.

Mild GERD can be diagnosed by taking a thorough history of symptoms. A few simple lifestyle changes, in addition to nonprescription medication to neutralize stomach acid or block its release, may help relieve symptoms. Further testing may also be appropriate to determine the cause of the reflux and the condition of the esophageal lining. Prescription-strength medications can heal an inflammation of the esophageal lining. If drugs are not effective in relieving symptoms, several surgical techniques are available to prevent reflux.

Copyright Jobson Medical Information LLC, 2011

continued ▶

TEAR ALONG PERFORATION

MEDICAL ILLUSTRATION: KRISTEN WEINANDT MARZEJON 2011

Proton Pump Inhibitors Offer Effective Symptom Relief

Although everyone has experienced heartburn occasionally after eating a large meal or spicy foods, when stomach acid is refluxed into the esophagus over a long period of time, it is known as *gastroesophageal reflux disease*, or *GERD*. The condition can affect people of all ages and is often overlooked in infants and children as a cause of chronic cough, hoarseness, feeding problems, and asthma.

Beyond Heartburn

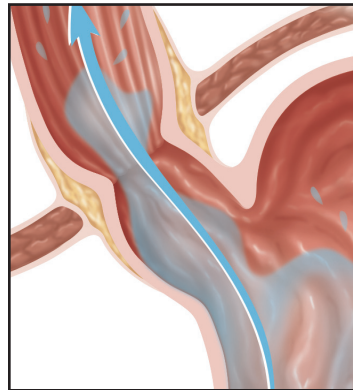
The most common physical causes of GERD include a weakened lower esophageal sphincter (LES) muscle, hiatal hernia, slow stomach emptying, and problems with contractions (motility) of the esophagus. Factors that increase the risk of GERD or make it worse include obesity, pregnancy, and smoking. Some foods exacerbate symptoms, including spicy foods, acidic foods (tomatoes or orange juice), caffeine, carbonated beverages, fatty foods, alcohol, and peppermint. Many medications can worsen GERD symptoms as well.

Common symptoms of GERD include heartburn, nausea after eating, or a feeling that food is trapped behind the breastbone after swallowing. Less common symptoms include hoarseness, asthma or chronic cough, sore throat, and postnasal drip. Chest pain from GERD can be sharp and stabbing, mimicking a heart attack. Difficulty in swallowing or painful swallowing, vomiting with or without blood, weight loss, hoarseness, coughing, and wheezing are all symptoms that signal more a serious problem and require evaluation by a physician.

A Combination of Lifestyle Changes and Medications

A definitive diagnosis of GERD can be made with specific testing such as endoscopy, but invasive tests are unnecessary if symptoms are not severe. For some people with GERD, lifestyle changes can have a significant impact on symptoms. Since everyone has different triggers for symptoms of GERD, it is important to keep a 1- or 2-week diary of symptoms and their severity. Many people can identify the foods that worsen symptoms and successfully avoid those foods. Eating smaller, more frequent meals may help. Weight loss is an important lifestyle change that can improve GERD, since abdominal obesity or tight-fitting clothes can cause the stomach contents to push upward and reflux into the esophagus. For nighttime symptoms, it is recommended not to eat for 2 to 3 hours before bedtime. Smoking cessation is also recommended for people with GERD because smoking relaxes the LES muscle and increases reflux.

Medications used to treat GERD symptoms include antacids, histamine-2 (H₂) blockers, and proton pump inhibitors (PPIs). Antacids such as Maalox and Mylanta work quickly to relieve pain by neutralizing acid, but they must be taken frequently. H₂ blockers, such as Tagamet, Pepcid, and Zantac, work more slowly but last longer by reducing acid production. They are available in nonprescription and prescription strengths. PPIs block acid formation in the stomach, and examples include Nexium, Prilosec, Protonix, Aciphex, Prevacid, and Dexilant. These drugs are the most effective for treating the symptoms of GERD, and some are available without a prescription. Prescription-strength PPIs are the only medications proven to heal esophagitis, an inflammation of the esophageal lining. In some people, a combination of agents is effective for symptom relief. Minimally invasive surgery is also used to treat GERD if drug therapy is ineffective.



For people with GERD, the LES muscle may not tighten enough to prevent acid reflux.