

Gastroesophageal Reflux (GERD)

Gastroesophageal reflux is most frequently a benign condition that rarely leads to severe problems. However, if left untreated it may lead to rare, chronic problems, including Barrett's disease (a cancer precursor), esophageal strictures, and aspiration bronchitis (which may worsen asthma). These rare problems are a reason beyond symptom control that GERD must be prevented from occurring. Symptomatic relief when the discomfort occurs is not adequate. GERD is the leading cause of what people call indigestion. Its symptoms vary but usually consist of a burning upper abdominal pain, which frequently spreads into the mid-chest and may cause an acid taste in the mouth. It can be very distressing. It is a chronic intermittent problem that you need to control. It can mimic cardiac pain so well that it is completely indistinguishable and is a frequent cause of Emergency Department visits and admissions for chest pain. The symptoms can be eliminated by proper medical treatment.

What is it? Essentially, it is a loose valve or sphincter between the stomach and the tube going down to the stomach. This tube is the esophagus. Acid protected cells line the stomach but not the esophagus and therefore acid stomach contents inflame the esophagus and may cause pain. When contents from the stomach, which contain acid, go into the esophagus, the pain and discomfort of GERD starts. Anything loosening the sphincter or causing the stomach contents to go into the esophagus worsens the pain. Therefore, the goal of therapy is to avoid things that loosen the sphincter, tighten it when possible, and to take antacid-type medicines to neutralize the stomach acid contents.

The following are recommended treatments for GERD:

1. Avoid these things that loosen the sphincter:

- Cigarettes
- Alcohol
- Aspirin or aspirin-containing drugs
- Caffeinated beverages and foods, such as colas, chocolate, coffee and tea. Foods high in fat
- Large carbohydrate loads (Lots of pasta)
- Anything from experience that causes you indigestion, such as tomatoes, citrus juices and spicy foods

2. Change dietary habits:

- Avoid big meals or overeating at one sitting
- Avoid lying down after meals
- Avoid eating before retiring for the night
- Overweight patients should lose weight

3. Loose-fitting garments are helpful.

4. Elevate the head of the bed with 2-4 inch blocks under the bed's legs. This prevents stomach contents from going into the esophagus by gravity at night. Using a pillow is not the same as creating an incline.

5. Medications: Antacids are the staple of treatment. There are 3 types of antacids. Liquid and

tablet non-absorbable acid neutralizing compounds used for immediate temporary relief and systemic medications that decrease secretion of acid in the stomach and are more appropriate for long-term treatment.

- For immediate relief of minor discomfort when the pain is acting up, two tablespoons of antacids should be taken for relief and repeated frequently. Typical antacids include Mylanta, Maalox, and Gaviscon. If these cause diarrhea, Amphojel can be alternated to control the loose stools. Riopan is an antacid that has very little salt and is used for patients on low-salt diets.

Systemic antacids are of 2 types: over the counter histamine blockers and more potent proton pump inhibitors. These names are descriptive of the way the medicines work through the blood by action on certain cells in the stomach lining.

- Histamine blockers like Zantac, Tagamet, Pepcid, Axid, and their generic equivalents (ranitidine, cimetidine, famotidine) are available over the counter (OTC) or in larger doses by prescription. The OTC dosages may be used on an as needed basis for relief or may be used preventatively before meals. Higher dosages are used for preventative treatment and are best prescribed by physicians.
- Proton pump inhibitors are the newest and most effective treatment available. They are used for resistant cases and are used to prevent symptoms. Currently there are no generics available and they are very expensive medications. They appear to be safe for long-term use. The most used and time-tested inhibitor is Prilosec. Many others are now available.

6. Surgery: New and effective surgery is available but it is rarely used since the treatments above are so effective in accomplishing complete relief with little risk.

The non-medicinal changes listed above are the best treatments but if they prove inadequate then medicinal treatments are indicated to afford complete relief. Recurring untreated GERD can cause long-term problems so preventative treatment is indicated and available.