

# GERD

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## UNDERSTAND the problem

When you eat, food passes from the throat to the stomach through the esophagus. A ring of muscle fibers in the lower esophagus prevents swallowed food from moving back up. These muscle fibers are called the lower esophageal sphincter (LES).

When this ring of muscle does not close all the way, stomach contents can leak back into the esophagus. This is called reflux or gastroesophageal reflux (GER). Stomach acid that touches the lining of your esophagus can cause heartburn, also called acid indigestion. Doctors also refer to GER as:

- Acid indigestion
- Acid reflux
- Acid regurgitation
- Heartburn
- Reflux

Gastroesophageal reflux disease (GERD) is a more serious and long-lasting form of GER. GER that occurs more than twice a week for a few weeks could be GERD. GERD can lead to more serious health problems over time.

Having GER (heartburn) once in a while is common, but about 20% of adults have GERD. Without treatment, GERD can sometimes cause serious complications over time, such as esophagitis, esophageal stricture, respiratory problems (like asthma or pneumonia), and Barrett esophagus. A small number of people with Barrett's esophagus develop a rare yet often deadly type of cancer of the esophagus

## WHO is at risk

Anyone, including infants and children, can have GERD. However, there are certain risk factors that make you more likely to experience reflux. These include:

- Use of alcohol (possibly)
- Hiatal hernia (a condition in which part of the stomach moves above the diaphragm, which is the muscle that separates the chest and abdominal cavities)
- Obesity
- Pregnancy
- Scleroderma
- Smoking
- Reclining within 3 hours after eating

## Patient Education Handout

*A service for patients*

Symptoms can also be caused by certain medicines, such as:

- Anticholinergics (for example, sea sickness medicine)
- Bronchodilators for asthma
- Calcium channel blockers for high blood pressure
- Dopamine-active drugs for Parkinson disease
- Progesterin for abnormal menstrual bleeding or birth control
- Sedatives for insomnia or anxiety
- Tricyclic antidepressants

## WHAT are the signs and symptoms

If you have GER, you may taste food or stomach acid in the back of your mouth.

The most common symptom of GERD is regular heartburn, a painful, burning feeling in the middle of your chest, behind your breastbone, and in the middle of your abdomen. Not all adults with GERD have heartburn.

Other common GERD symptoms include:

- Bad breath
- Nausea
- Pain in your chest or the upper part of your abdomen
- Problems swallowing or painful swallowing
- Respiratory problems
- Vomiting
- Wearing away of your teeth

Some symptoms of GERD come from its complications, including those that affect your lungs.

## WHICH tests are used to diagnose GERD

In most cases, your doctor diagnoses GERD by reviewing your symptoms and medical history. If your symptoms don't improve with lifestyle changes and medications, you may need testing. Tests include an upper gastrointestinal (GI) endoscopy, an upper GI series, esophageal pH and impedance monitoring, and esophageal manometry.

In an upper GI endoscopy, a gastroenterologist, surgeon, or other trained healthcare professional uses an endoscope to see inside your upper GI tract. This procedure takes place at a hospital or an outpatient center.

An upper GI series looks at the shape of your upper GI tract. An x-ray technician performs this procedure at a hospital or an outpatient center. A radiologist reads and reports on the x-ray images.

The most accurate procedure to detect acid reflux is esophageal pH and impedance monitoring. Esophageal pH and impedance monitoring measures the amount of acid in your esophagus while you do normal things, such as eating and sleeping. A gastroenterologist performs this procedure at a hospital or an outpatient center as a part of an upper GI endoscopy.

Esophageal manometry measures muscle contractions in your esophagus. A gastroenterologist may order this procedure if you're thinking about anti-reflux surgery.

## HOW is GERD treated and prevented

You should see a doctor if you have persistent GER symptoms that do not get better with over-the-counter medications or change in your diet.

Call a doctor right away if you:

- Vomit large amounts
- Have regular projectile, or forceful, vomiting
- Vomit fluid that is:
  - Green or yellow
  - Looks like coffee grounds
  - Contains blood
- Have problems breathing after vomiting
- Have pain in the mouth or throat when you eat
- Have problems swallowing or painful swallowing

### Healthy Lifestyle Choices

You may be able to control GERD by:

- Not eating or drinking items that may cause GER
- Not overeating
- Not eating 2 to 3 hours before bedtime
- Sleeping on a slight angle (by raising the head of your bed)
- Losing weight if you're overweight or obese
- Quitting smoking and avoiding secondhand smoke
- Taking over-the-counter medicines

You can prevent or relieve your symptoms from GERD by changing your diet. You may need to avoid certain foods and drinks that make your symptoms worse. The following items may make GERD worse:

- Chocolate
- Coffee

- Peppermint
- Greasy or spicy foods
- Tomatoes and tomato products
- Alcoholic drinks

Other dietary changes that can help reduce your symptoms include decreasing fatty foods and eating small, frequent meals instead of three large meals.

### Medications

All GERD medicines work in different ways. You may need a combination of GERD medicines to control your symptoms.

Doctors often first recommend antacids to relieve heartburn and other mild GER and GERD symptoms. Antacids include over-the-counter medicines.

H2 blockers decrease acid production. They provide short-term or on-demand relief for many people with GER and GERD symptoms. They can also help heal the esophagus, although not as well as other medicines.

If you get heartburn after eating, your doctor may recommend that you take an antacid and an H2 blocker. The antacid neutralizes stomach acid, and the H2 blocker stops your stomach from creating acid. By the time the antacid stops working, the H2 blocker has stopped the acid.

Proton pump inhibitors (PPIs) lower the amount of acid your stomach makes. PPIs are better at treating GERD symptoms than H2 blockers. They can heal the esophageal lining in most people with GERD. Doctors often prescribe PPIs for long-term GERD treatment.

### Surgery

Your doctor may recommend surgery if your GERD symptoms don't improve with lifestyle changes or medicines. You're more likely to develop complications from surgery than from medicines.

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*This handout is provided to you by NetCE and your healthcare provider. For more information, please consult your physician.*