



# Patient Information

## Digesting Acid Reflux Disease

**D**igestive problems, including upset stomach, indigestion, heartburn, and ulcers, are common in the United States. Over 60 million Americans experience acid indigestion at least once a month, while some studies suggest that over 15 million people experience acid indigestion on a daily basis.

*Gastroesophageal* (gas-troh-ih-sa-fuh-**jee-ul**) Reflux Disease (GERD), better known as acid reflux disease, occurs when a muscle located near the stomach called the *sphincter* (**sfink-ter**) opens at the wrong time or does not close properly. This allows stomach acid to flow backward up into the *esophagus* (ih-**sah**-fuh-gus)—a process known as reflux. GERD can cause a variety of symptoms, the most common one being a burning sensation in the chest that spreads to the throat—known as heartburn. Fortunately, there are steps you can take to avoid developing GERD-related symptoms as well as options for treating the disease.

### How do I know if I'm at risk?

GERD is more common among the elderly and in women who are pregnant. Those who are obese also are more likely to experience symptoms of acid reflux. Since it may be hereditary, if someone in your family has the disease, you may be at a higher risk for developing GERD.

The disease also may be present in babies and children. It is normally due to a poorly constructed digestive tract. By the age of one year, however, most babies will have grown out of the disease and will no longer experience symptoms.

### What are the warning signs?

Certain symptoms can accompany GERD. Heartburn is the most common symptom; the burning and pressure sensation of heartburn can last up to two hours and usually worsens after eating food. In some cases, GERD causes a bitter or acidic taste—a result of stomach acid reaching the back of the mouth. Sometimes, regurgitation of food or sour liquid also can occur. Other symptoms of GERD may include chest pain, difficulty swallowing, excessive salivation, dry cough, hoarseness, sore throat, or the sensation of having a lump in your throat.

### What tests do I need?

There are several tests used to diagnose GERD; the most common is known as an upper gastrointestinal tract x-ray series. During this test, you drink a chalky contrast liquid known as *barium* (**baa-ree-uhm**) that coats your digestive tract. At this time, x-rays are taken that allow the doctor to see the condition and function of your esophagus, stomach, and upper part of your small intestine.

Another common test is an esophageal pH test, during which a thin and flexible tube is inserted into your esophagus through either your mouth or nose. The tube is then connected to a monitor that records the pH (or acid level) at the lower end of your esophagus. The monitor will detect an increase in acidity if acid flows back from your stomach into the esophagus. During this test, the thin tube is kept in place for an extended period of time (usually 24 hours).

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Doctors also may choose to perform an *endoscopy* (en-**dos**-kuh-pee), which involves inserting a small, flexible tube that has an attached light and camera into your mouth and down into your esophagus and stomach to examine for abnormalities. Usually, you will be sedated while an endoscopy is performed.

### How can I avoid the problem?

Some lifestyle changes may reduce how frequently you experience GERD-related symptoms. Fatty or fried foods, alcohol, chocolate, vinegar, onions, citrus fruit, and caffeine are all known to cause acid reflux. Cutting these out of your diet (or at least limiting your consumption) may help prevent symptoms. You should avoid lying down immediately after a meal, and when you do lie down, you should elevate the head of your bed. Eating smaller, more frequent meals during the day also may help.

Maintaining a healthy weight can help in preventing GERD symptoms, as excess weight puts added pressure on your abdomen and sphincter and can cause acid to back up into your esophagus. Similarly, clothes that fit tightly around your waist also should be avoided, since they can increase pressure on your sphincter.

Doctors say that smoking may worsen the harmful effects of GERD, so quitting may limit your symptoms. Some say that alternative therapies, such as acupuncture, relaxation therapies, and herbal remedies, also might be beneficial in reducing GERD symptoms.

### How is it treated?

When lifestyle changes are not enough, over-the-counter medications that control heartburn usually are the next step in treating the symptoms of GERD. Such

medications include antacids to neutralize stomach acid, H2-receptor blockers to reduce acid production, and proton pump inhibitors to block acid production and heal an inflamed esophagus—a common complication of GERD.

Your doctor may recommend prescription-strength medications if your symptoms persist despite treatment with over-the-counter medication (or if you need the medication more than twice a week). H2-receptor blockers and proton pump inhibitors come in prescription form as well, and medications that strengthen the lower esophageal sphincter also are available.

While most cases of GERD can be treated with medication, in some instances, surgery may be necessary. In a procedure called *Nissen fundoplication* (nih-sun fun-doh-**plih-kay**-shun), the lower esophageal sphincter is tightened by wrapping the very top of the stomach around the outside of the lower esophagus in order to prevent reflux. In an *endoluminal gastroplication* (en-doh-**loo**-muh-nl gas-troh-**plih-kay**-shun), stitches are placed at the juncture of the esophagus and the stomach, creating pleats that reduce the backflow of stomach acid into the esophagus.

To learn more, visit the GERD page of the National Institutes of Health web site (<http://www.nlm.nih.gov/medlineplus/gerd.html>). ●

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