

GASTROESOPHAGEAL REFLUX DISEASE

About Your Diagnosis

Gastroesophageal reflux disease or GERD is more commonly known as acid indigestion or heartburn. It is a burning feeling behind the breastbone. This feeling can move up into the throat and also give a sour or bitter taste in the mouth.

Gastroesophageal reflux disease is caused by stomach acid moving from your stomach up into your esophagus (the tube that connects the mouth and stomach). This may happen if the muscle between the stomach and esophagus is weak. There are conditions that may aggravate this. They include diabetes mellitus, pregnancy, and medications used to treat high blood pressure and heart conditions.

Gastroesophageal reflux disease is very common. About 5% of individuals have symptoms every day. About 15% have symptoms every week. Almost half of all individuals have symptoms at least once a month.

Gastroesophageal reflux disease is diagnosed most commonly by history. If the symptoms do not improve with treatment or the pain is severe or chronic, further studies are needed. An upper gastrointestinal (GI) series is a special x-ray used to show the esophagus, stomach, and upper part of the intestine. The upper GI does not provide a lot of information about GERD, but it helps identify other disorders that can cause a similar pain. Endoscopy, using a small light tube with a tiny video camera on the end, can be done to identify irritation in the esophagus.

Living With Your Diagnosis

The most common symptom of GERD is heartburn. The burning, pressure or pain of GERD can last as long as 1 or 2 hours and is often worse after eating. Lying down or bending over can also make the pain worse. The pain associated with heartburn can be mistaken for the pain of a heart attack or angina. However, the pain associated with the heart is usually aggravated by exercise and relieved by rest. Heartburn pain is usually not associated with physical activity.

Treatment

In most cases, GERD can be relieved through diet and lifestyle modifications. For immediate relief, antacids can neutralize the acid and stop the heartburn. However, there are side effects with the long-term use of antacids. These include diarrhea, altered calcium metabolism, and excess magnesium buildup in the body.

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Over-the-counter and prescription strength histamine-2 (H2) blockers are also available. These medications inhibit the secretion of acid by the stomach. Another type of prescription drug is a proton pump inhibitor. These drugs inhibit an enzyme needed for acid secretion. Other drugs are available to strengthen the muscle and quicken stomach emptying.

A small number of individuals may need surgery because of severe GERD or poor response to medications. The surgical procedure increases the pressure in the lower esophagus, preventing acid from backing up from the stomach.

The DOs

- * Lose weight if overweight.
- * Avoiding lying down after meals.
- * Sleep with the head of the bed elevated 6 inches by putting blocks of wood under the two legs at the head of the bed.
- * Take medications with plenty of water.
- * Eat four or five small meals a day.

The DON'Ts

- * Avoid alcoholic beverages and caffeine products (coffee, tea, cocoa, cola drinks).
- * Avoid fried, spicy, and fatty foods, citrus juices and fruits, tomato products, peppermint, and spices that aggravate the symptoms of GERD.
- * Do not bend over or lie down immediately after eating.
- * Do not smoke.
- * Avoid tight-fitting pants, belts, and undergarments.

When to Call Your Doctor

- * If the symptoms worsen or do not improve after using general measures.
- * If you have pain that happens with shortness of breath, sweating, or nausea.
- * If you vomit blood or have recurrent vomiting.
- * Symptoms do not improve after 1 month of treatment.

For More Information

National Digestive Diseases Information Clearinghouse
2 Information Way
Bethesda, MD 20892-3570
<http://www.niddk.nih.gov/health/digest/nddic.htm>
<http://nddic@aerie.com>

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