



medfacts

AN EDUCATIONAL HEALTH SERIES FROM NATIONAL JEWISH HEALTH™

Gastroesophageal Reflux Disease

Gastroesophageal reflux is a backward flow or reflux of stomach contents into the esophagus. Everybody has some reflux. Abnormal amounts of gastroesophageal reflux can cause gastroesophageal reflux disease (GERD). This occurs when the valve of smooth muscle between the esophagus and the stomach does not function properly. This muscle band is called the lower esophageal sphincter.

What causes GERD?

Each time you eat, stomach acids are released. Normally the lower esophageal sphincter acts as a guard to prevent stomach acids from backing up into the esophagus. An increase of the pressure in the stomach and/or relaxation of the muscle tone of the valve may cause reflux to occur.

Factors that cause an increase in pressure are:

- Full stomach
- Obesity
- Lying down
- Bending forward
- Pregnancy
- Tight clothing

Factors that loosen the muscle tone of the valve can be caused by:

- Pregnancy
- Nicotine
- Alcohol, Coffee
- Chocolate
- Mint
- Fatty foods

What are signs and symptoms of GERD?

Signs and symptoms of GERD include:

- Heartburn
- Sour taste in the mouth
- Pain occurring in the middle of the chest or stomach
- Chronic cough
- Choking sensation
- Increased trouble breathing while asleep
- Swallowing problems
- Sore throat
- Recurrent pneumonia
- Chronic sinusitis

How is GERD diagnosed?

A physician diagnoses gastroesophageal reflux from a history of signs and symptoms. He or she may order tests such as a barium swallow, esophageal pH study or endoscopy (EGD) to help diagnose this condition.

What is the treatment for GERD?

The following treatments may be recommended:

Lifestyle changes:

- If you are overweight, talk with your health care provider about losing weight.
- If you smoke, giving up smoking is important. Your health care provider will have ideas to help you quit.

Dietary measures:

- Limit citrus and tomato products, strong spices, caffeinated drinks, carbonated drinks, fatty foods, chocolate, mint and alcohol.
- Eat smaller, more frequent meals rather than three large ones.
- Avoid food or liquids for 2-3 hours before bedtime.

Physical measures:

- Elevate the head of the bed 6-8 inches, by placing blocks under the legs of the head of the bed.
- Avoid bending forward at the waist.
- Avoid wearing tight fitting clothing.

Medications

Medications that may be prescribed to help this condition include:

Proton Pump Inhibitors (PPI's)

Acid suppressing medicines that are used most commonly for patients with symptomatic GERD

- **Prilosec® (omeprazole)**
- **Nexium® (esomeprazole)**
- **Prevacid® (lansoprazole)**
- **Protonix® (pantoprazole)**
- **Aciphex® (rabeprazole)**

H2 Antagonists

Acid suppressing medicines that are used to treat mild GERD

- **Tagamet® (cimetadine), Zantac® (ranitidine), Pepcid® (famotidine), Axid® (nizatidine)**

Promotility Agent

Medicine that moves the food through the stomach more quickly

- **Reglan® (metoclopramide)**

Occasionally surgery may be recommended to help eliminate gastroesophageal disease.

Note: This information is provided to you as an educational service of LUNG LINE® (1-800-222-LUNG). It is not meant to be a substitute for consulting with your own physician.

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