

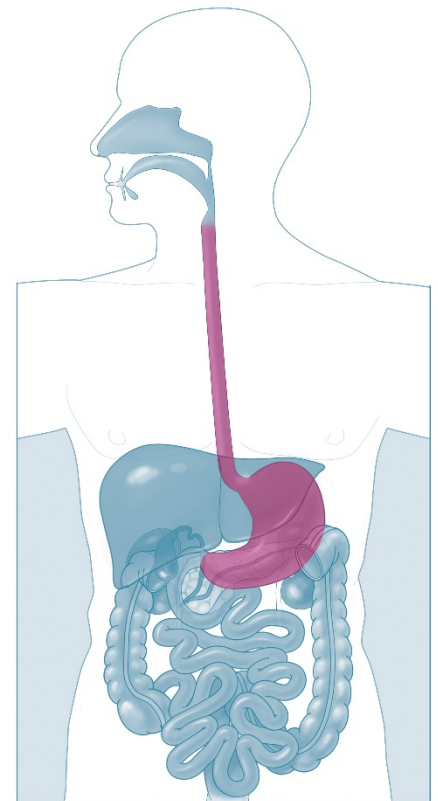
GASTROESOPHAGEAL REFLUX DISEASE (GERD)

What Is Gastroesophageal Reflux Disease (GERD)?

- ▶ Gastroesophageal reflux, or just **reflux**, happens when what is inside your stomach — stomach acid, food or other contents — **backs up out of the stomach into the esophagus** (the tube that links your mouth and stomach) and possibly all the way into your throat and mouth.
- ▶ When that acid touches your esophagus (or what feels like your throat), it **can cause a burning feeling** in your chest or neck, known as **heartburn**.

Note: Heartburn is not the same as dyspepsia (indigestion). Ask your doctor for more information on dyspepsia.

- ▶ Most of us will have occasional heartburn, but **when your symptoms are frequent and bad enough to impact your sense of well-being, it could be GERD.**
- ▶ Heartburn is the most common symptom of GERD.



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April 2016

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- ▶ While GERD is **not life threatening**, it **can greatly lower your quality of life** by impacting your daily activities, your sleep and what you are able to eat.
- ▶ **Heartburn can often be avoided through changing certain habits** (like when, how much and what you eat and drink).
- ▶ Occasional heartburn **can be treated with over-the-counter (OTC) medication**.
- ▶ If symptoms don't go away or get worse after a few weeks, **talk to a gastroenterologist**. You may need some tests to rule out other health issues.



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Symptoms

Each person may not feel gastroesophageal reflux disease (GERD) in the same way.

Common symptoms are:

- Heartburn.
 - **Burning pain** behind the chest that may move up toward the neck.
 - Burning pain that is worse when you are lying down or bending over.
 - Heartburn often happens after you eat.
- Feeling like **food is coming back up** into your mouth, maybe with a bitter taste.
- Sore throat that won't go away.
- Hoarseness (scratchy-sounding voice).
- Cough that won't go away.
- Asthma.
- Chest pain.
- Feeling like there is a lump in your throat.
- Pain when you swallow.
- Feeling as though food sticks in the throat when going down.
- Nausea.
- Frequent burping.
- Throwing up.



Alarm Symptoms



Certain alarm symptoms may point to complications or life-threatening problems. **Should you have any of these alarm-warning symptoms, talk to your doctor right away.**

- **Chest pain** with activity, such as climbing stairs.
- Losing weight without trying.
- Choking while eating or trouble swallowing food and liquids.
- Throwing up blood or material that looks like coffee grounds.
- Red or black stools.



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Causes

Many things can cause gastroesophageal reflux disease (GERD). Talk to your doctor about what might be causing your symptoms.

Muscle Weakness

- You have a muscle, the **lower esophageal sphincter (valve)**, which is found between your stomach and esophagus (the tube that links your mouth and stomach).
- **This muscle is meant to close** after food goes into your stomach and stay closed when you are not eating.
- If this muscle is weak, the valve does not work the right way and what is in your stomach can come back up (reflux).
- The muscle can become weak because of:
 - Being overweight, obese or pregnant.
 - Some medications (talk to your doctor and tell him or her exactly what you take).
 - Smoking.
 - Alcohol.
 - Getting older.

Other Causes

- Reflux can also be **worsened by some foods**, how fast you eat and how much you eat.
- A **hiatal hernia**, which is a bulging of the stomach into the chest through the hole in your diaphragm normally occupied by the lower esophageal sphincter, can cause reflux.
 - This condition is more common with aging and obesity.



GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Getting Tested

There are many tests for gastroesophageal reflux disease (GERD). Not all patients with heartburn or GERD need testing. Your doctor **may choose to do one or more tests** to find out if GERD has hurt your esophagus (the tube that links your mouth and stomach) or is causing your symptoms.

Testing can also help your health-care team guide your treatment.

Endoscopy With or Without Biopsy

- An endoscopy is done to look inside your esophagus (tube linking your mouth and stomach) and small intestine, and to do a **biopsy** (taking a small piece of the tissue to look at under a microscope).
- You will be given medicine to block pain and make you feel relaxed and sleepy, so you won't feel much during the test.
- During the endoscopy, your gastroenterologist will use a long, thin (about the width of your little finger), flexible tube with a tiny camera on the end to look inside.
- The tube is passed through the mouth into the small intestine as your gastroenterologist does a careful exam.
- To learn more about endoscopy, **visit gastro.org/Patient-Care.**

Other tests may be performed in special situations or if symptoms are hard to control.



Esophageal Manometry

- Manometry checks if the valve between your stomach and esophagus, that is meant to close after you eat (the lower esophageal sphincter), is weak.
- Manometry also **checks to see if the rest of the esophagus is working the right way.**
- During the test, a small, thin tube will be put through your nose and down your esophagus. This does not get in the way of your breathing.
- Once the tube is in place, you will be asked to swallow small amounts of water or gel as the machine records esophageal movements.

PH-Impedance Monitoring

- This test is to find out if you have abnormal reflux and if reflux is causing your symptoms.
- **It is very important to ask your doctor what medicines you should or should not take before and during this test.**
- The test goes on for 24 hours while you do your normal activities.
- This test is most often done in an outpatient center, often after an upper gastrointestinal (GI) endoscopy.
- A very thin tube with recording electrodes on it is put through your nose and down your esophagus. The tube detects reflux and measures the pH (acid levels) in the esophagus and sends the data to a recorder that you need to carry with you.
- Keeping a diary of what you eat, when you eat and how you feel is very important during the test.



Wireless Esophageal pH Monitoring

- This test is like the other pH monitoring test, except there is no tube coming out your nose.
- **It is very important to ask your doctor what medicines you should or should not take before and during this test.**
- During an upper GI endoscopy, your doctor will attach a small capsule to the inside of your esophagus.
- The capsule will measure the acid levels in your esophagus and send the data to a receiver that you need to carry with you for 48–96 hours.
- Keeping a diary of what you eat, when you eat and how you feel is very important during the test.
- Your doctor will give you specifics on what to do.

Barium Swallow and Upper GI Series

- **This test is an X-ray that takes pictures of the esophagus, stomach, duodenum and small intestine.**
- You will need to drink a chalky liquid called barium while X-ray pictures are taken. The barium makes it easier for the doctor to see.
- These pictures can be used to make a diagnosis and plan more specific treatments.

GERD – What to Know:

- ▶ GERD is a health problem that does not go away after a few weeks.
- ▶ The main symptom of GERD is heartburn.
- ▶ Medications or changing certain eating habits can help ease the symptoms of GERD.
- ▶ If not cared for, GERD could lead to other health issues.



GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Treatment

Both medications and changes in your habits can put off and control symptoms of gastroesophageal reflux disease (GERD). Talk to your doctor about what choices are best for you to try first.

Keeping a diary about what you eat, when you eat, and how you feel after you eat can also help you better handle your symptoms and gives your doctor useful information on what to suggest to make you feel better. Try the MyGIHealth® app to help keep track of your symptoms.

Below is a list of things you can do to try to help control symptoms of GERD.

Daily Habits

- **Do not eat or drink items that give you heartburn** or other bad symptoms. Some such items might be:
 - Fried or fatty foods.
 - Chocolate.
 - Peppermint.
 - Alcohol.
 - Coffee (including decaf).
 - Carbonated drinks.
 - Ketchup and mustard.
 - Vinegar.
 - Tomato sauce.
 - Citrus fruits or juices.
- **Be careful taking aspirin, anti-inflammatory and pain medications other than acetaminophen** (like Tylenol®). These can make heartburn worse.



- Eat smaller portions of food during meals and don't eat too much.
- **Stop eating three hours before lying down to sleep.**
- Raise the head of the bed four to six inches using blocks or phone books.
- If you are overweight, lose weight.
- Pressure on your belly can make reflux worse. Try **not wearing tight clothing or control top hosiery and body shapers**. Sit-ups, leg-lifts or stomach crunches can also make reflux worse.
- Stop smoking.

Medications

- **Acid-blocking medications** should only to be used at the dose and for the length of time showed on the label; be sure to tell your doctor if you use OTC acid-blocking medications.
 - **Antacids** — they are available OTC; they get rid of acid in the stomach.
 - Examples are:
 - Alka-Seltzer®.
 - Maalox®.
 - Mylanta®.
 - Rolaid®.
 - Riopan®.
 - Tums®.
 - Gaviscon®.
 - Side effects may include diarrhea (loose stool) and constipation (hard stool or trouble passing stool).
 - **H2RAs** — these are available OTC and in prescription strength; they reduce stomach acid and work longer but not as quickly as antacids.
 - Examples are:
 - Pepcid® (famotidine).
 - Zantac® (ranitidine).
 - Axid® (nizatidine).
 - Side effects may include headache, upset stomach, throwing up, constipation, diarrhea and abnormal bleeding or bruising.



- **Proton Pump Inhibitors (PPIs)** — these are available OTC and in prescription strength; they are stronger at treating symptoms.
 - o Examples are:
 - Prilosec® (omeprazole).
 - Prevacid® (lansoprazole).
 - Protonix® (pantoprazole).
 - Dexilant® (dexlansoprazole).
 - o Side effects may include back pain, aching, cough, headache, dizziness, belly pain, gas, nausea, throwing up, constipation, diarrhea.

Surgery

A small number of people with heartburn may need surgery because of severe reflux and poor response to nonsurgical treatment. **Fundoplication is a surgery that reduces reflux.** Patients not wanting to take medication to control their symptoms are also candidates for surgery.

GERD – What to Know:

- ▶ GERD is a health problem that does not go away after a few weeks.
- ▶ The main symptom of GERD is heartburn.
- ▶ Medications or changing certain eating habits can help ease the symptoms of GERD.
- ▶ If not cared for, GERD could lead to other health issues.



GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Things to Be Aware Of



If you have gastroesophageal reflux disease (GERD), it is vital to **work with your doctor to take care of your symptoms.**

If you are still having symptoms even after changing your diet or using medications, let your doctor know. **Your symptoms may not be from GERD or you may have a complication of GERD such as:**

- Esophagitis.
 - Inflammation (swelling or irritation) in your esophagus (the tube that links your mouth and stomach).
- Stricture.
 - This is when **your esophagus is narrowed by ulceration and scarring.**
 - Strictures can make it hard to swallow, causing food to get stuck in the esophagus.
- Problems breathing (asthma, chronic cough).
- Barrett's esophagus.
 - Barrett's esophagus is **a change in the tissue lining your esophagus** that puts you at a higher risk for esophageal cancer.
 - To learn more about Barrett's esophagus, **visit gastro.org/Patient-Care.**

