



CENTRAL TEXAS ALLERGY & ASTHMA

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GERD

ACID REFLUX SYMPTOMS

People who experience heartburn at least two to three times a week may have gastroesophageal reflux disease, or GERD. Heartburn is experienced as a burning sensation in the center of the chest, which sometimes spreads to the throat causing an acid taste in the throat. Less common symptoms include:

- Stomach pain (pain in the upper abdomen)
- Non-burning chest pain
- Difficulty swallowing or food getting stuck
- Painful swallowing
- Persistent laryngitis/hoarseness
- Persistent sore throat
- Chronic cough, new onset asthma, or asthma only at night
- Regurgitation of foods/fluids; resulting in the taste of acid in the throat
- Sense of a lump in the throat
- Worsening dental disease
- Recurrent pneumonia
- Chronic sinusitis
- Waking up with a choking sensation

REFLUX TREATMENT

Mild GERD

I. Medications

a) **Antacids** — Antacids are commonly used for short-term relief of acid reflux. Examples of antacids include Tums®, Maalox®, and Mylanta®.

b) **Histamine antagonists** — The histamine antagonists reduce production of acid in the stomach. Examples of histamine antagonists available in the United States include ranitidine (Zantac®), famotidine (Pepcid®), cimetidine (Tagamet®)

II. Lifestyle changes

a) **Weight loss** — Losing weight may help people who are overweight to reduce acid reflux.

b) **Raise the head of the bed six to eight inches** — Although most people only have heartburn for the 2-3 hour period after meals, some wake up at night with heartburn. People with nighttime heartburn can elevate the head of their bed, which raises the head and

shoulders higher than the stomach, allowing gravity to prevent acid from refluxing.

c) **Avoid acid reflux inducing foods** — Some foods also cause relaxation of the lower esophageal sphincter, promoting acid reflux. Excessive caffeine, chocolate, alcohol, peppermint/spearmint, carbonated beverages, citrus fruit and juices, tomatoes, and spicy or fatty foods may cause bothersome acid reflux in some people.

d) **Quit smoking** — Saliva helps to neutralize refluxed acid, and smoking reduces the amount of saliva in the mouth and throat. Smoking also lowers the pressure in the lower esophageal sphincter and provokes coughing, causing frequent episodes of acid reflux in the esophagus. Tobacco cessation can reduce or eliminate symptoms of mild reflux.

e) **Avoid large and late meals** — Lying down with a full stomach may increase the risk of acid reflux. By eating three or more hours before bedtime, reflux symptoms may be reduced. In addition, eating smaller meals may prevent the stomach from becoming overdistended, which can cause acid reflux.

f) **Avoid tight fitting clothing** — At a minimum, tight fitting clothing can increase discomfort, but it may also increase pressure in the abdomen, forcing stomach contents into the esophagus.

g) **Chew gum or use oral lozenges** — Chewing gum or using lozenges can increase saliva production, which may help to clear stomach acid that has entered the esophagus and lessen reflux.

Moderate to severe GERD — Most patients are treated with a proton pump inhibitor. These medications block acid production and allow time for damaged esophageal tissue to heal. Always take 30 minutes prior to a meal. They can also be taken once or twice daily. These medications, **Proton pump inhibitors** (PPIs) include omeprazole (Prilosec®), esomeprazole (Nexium®), lansoprazole (Prevacid®), dexlansoprazole (dexilant®), pantoprazole (Protonix®), and rabeprazole (Aciphex®), which are stronger and more effective than the histamine antagonists.

Complications of GERD: A referral to a Gastroenterologist may be necessary to monitor for any complications:

Chronic cough, and worsening of asthma

Dental problems

Esophageal strictures- narrowing of the esophagus due to acid exposure causing scar tissue.

Esophageal ulcer- stomach acid causes erosion of tissue that can lead to an open sore (ulcer)

Barrett's esophagus- precancerous changes of the lining of the esophagus