

Gastroesophageal Reflux Disease (GERD)

What is gastroesophageal reflux disease?

Gastroesophageal reflux disease (GERD) is a condition that occurs over time when the contents of your stomach back up into your esophagus (food pipe) and cause bothersome symptoms or, eventually, long-term problems.

The esophagus is the tube that carries food from your throat to your stomach. The backward movement of stomach fluids is called reflux. The acid and bile from your stomach can irritate your esophagus, throat, and vocal cords.

GERD can cause long-term swelling and irritation (inflammation) of the esophagus. Over time it may make changes in the lining of the esophagus, causing a condition called Barrett's esophagus. Changes in the lining can increase your risk of cancer of the esophagus.

What is the cause?

When you swallow food and liquids, they flow down the esophagus to the stomach. A ring of muscle around the lower end of this food pipe opens up and lets the food go into your stomach. Normally, the muscle then closes and keeps stomach contents from going back into your esophagus. If the ring of muscle is weak or too relaxed or has too much pressure working against it, it doesn't stay closed and stomach acid and food can flow backwards into your esophagus. The acid can irritate the esophagus and cause symptoms.

The ring of muscle sometimes does not work properly if:

- You are overweight.
- You have a hiatal hernia (part of your stomach pokes through your diaphragm, which is the muscle between your chest and belly that helps you breathe).
- You eat too much at one time.
- You lie down soon after eating.
- You wear tight clothes that push on your stomach.

Some chronic medical problems or treatments can also cause frequent reflux and lead to GERD. Examples are diabetes, scleroderma (which can cause stiffening of the esophagus), or a nasogastric tube in your nose for a long-time.

What are the symptoms?

The most common symptom of GERD is heartburn. Heartburn is a burning pain or warmth usually felt in your chest, behind the breastbone, after eating. Almost everyone has heartburn at one time or another. With GERD, the heartburn happens often enough, or is severe enough, to interfere with your life or make you very uncomfortable.

Other common symptoms that you may have instead of or in addition to heartburn include:

- Bitter or sour taste in your mouth
- Severe pain or pressure below the breastbone
- Trouble swallowing
- Hoarse or raspy voice
- Unexplained dry coughing
- Wheezing, shortness of breath, and chest tightness

The heartburn usually happens 30 to 60 minutes after a large meal, especially if you bend down, lie down, or lift something after meals. You may feel better when you sit up.

It may be hard to tell it from a heart attack. Get emergency care if your heartburn does not get better within 15 minutes after treatment or if you have chest discomfort (pressure, fullness, squeezing or pain) that goes away and comes back, sweating, or chest discomfort that goes to your arms, neck, jaw or back. These symptoms may be signs of a heart attack.

How is it diagnosed?

Your healthcare provider will ask about your symptoms and medical history and examine you. Your provider may see if taking medicine relieves your symptoms. If it does, you may not need any tests. If you do have tests, they may include:

- Barium swallow, which is an X-ray taken of the upper part of your digestive tract after you swallow barium. Barium is a liquid that helps your esophagus and stomach show up well on the X-ray.
- A test to measure pressure in the esophagus
- Endoscopy, which uses a slim, flexible, lighted tube passed through your mouth to look at your esophagus and stomach. A biopsy may be taken to help make a diagnosis. A biopsy is the removal of a small sample of tissue for testing.

In some cases, depending on your medical history and your symptoms, you may need tests to make sure the pain is not caused by heart disease.

How is it treated?

The goal of treatment is to control reflux. Your healthcare provider may recommend or prescribe:

- Lifestyle changes such as quitting smoking, changing your diet, or losing weight. If you drink alcohol, your provider may recommend drinking less or not drinking at all.
- Medicine to lower the acid in your stomach

If you have a hiatal hernia, you may need surgery to repair the problem.

Repeated inflammation and scarring from GERD may narrow your esophagus. If this happens, you may have endoscopy to stretch the scarred tissue and make the esophagus wider. In some cases you may need surgery to help open up your esophagus.

Repeated or long-term inflammation increases your risk of cancer of the esophagus. Talk to your healthcare provider about any exams you may need to check for cancer.

How can I take care of myself and help prevent GERD?

To feel better and prevent problems:

- Follow the full course of treatment prescribed by your healthcare provider.
- Take nonprescription antacids after meals and at bedtime, according to your provider's recommendation.
- Take medicines with plenty of liquid. Swallowing medicine without enough liquid can irritate your esophagus.
- Eat smaller, more frequent meals. Avoid overeating and late-evening snacks or meals.
- Avoid drinking alcohol and eating foods that can make reflux worse, such as chocolate, mint-flavored foods, fatty foods, acidic foods like oranges or tomatoes, or caffeine.
- Try to keep a healthy weight. If you are overweight, lose weight. Extra weight puts pressure on your stomach. The pressure can cause stomach contents to push up into your esophagus.
- If you smoke, try to quit. Smoking can increase stomach acid. Smoking also increases the risk for cancer of the esophagus. Talk to your healthcare provider about ways to quit smoking.
- Wear loose fitting clothes without belts.

It may also help if you:

- Sit up during meals and wait at least an hour after eating before you lie down. It's best to not eat for 2 to 3 hours before you go to bed.
- Raise the head of your bed 6 to 8 inches by putting the frame on wood blocks. If you cannot raise the frame of the bed, try placing a foam wedge under the head of your mattress. Sleeping on your left side may also help. Just using extra pillows will not help.
- Chew sugarless gum after meals. Some studies have shown that this decreases reflux.

Ask your healthcare provider:

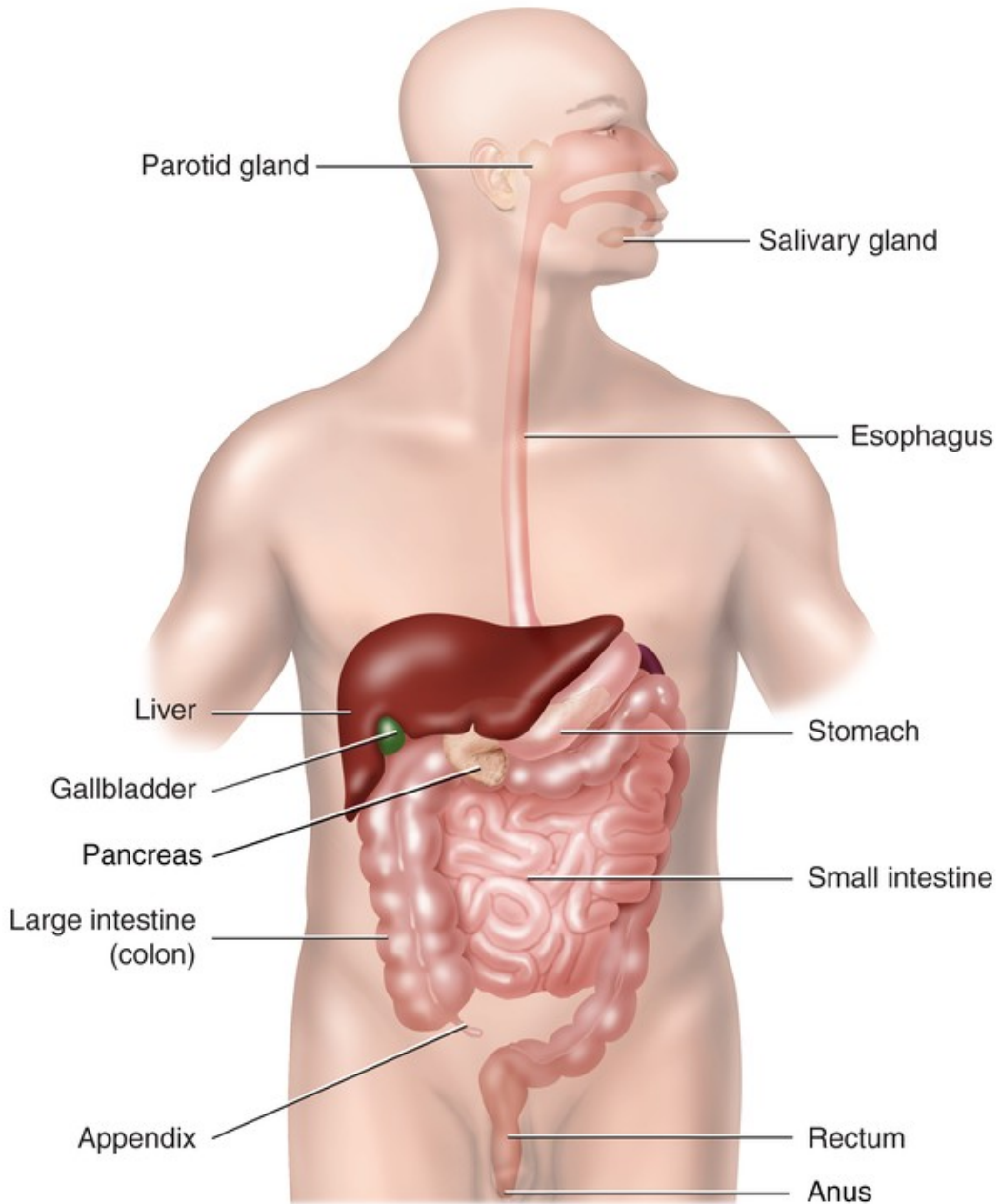
- How and when you will hear your test results
- How long it will take to recover from this illness
- What activities you should avoid and when you can return to your normal activities
- How to take care of yourself at home
- What symptoms or problems you should watch for and what to do if you have them

Make sure you know when you should come back for a checkup.

Developed by RelayHealth.

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Digestive System



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