

Common Gastrointestinal Problems

A Consumer Health Guide

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

What is GERD or Heartburn?

Gastroesophageal reflux refers to the backward flow of acid from the stomach up into the esophagus. People will experience heartburn, also known as acid indigestion, when excessive amounts of acid reflux into the esophagus. Most people describe heartburn as a feeling of burning chest pain, localized behind the breastbone that moves up toward the neck and throat. Some even experience the bitter or sour taste of the acid in the back of the throat. The burning and pressure symptoms of heartburn can last as long as two hours and are often worsened by eating food.

How Common is GERD?

Over 60 million Americans experience acid indigestion at least once a month and some studies have suggested that over 15 million Americans experience acid indigestion daily. Symptoms of acid indigestion are more common among the elderly and women during pregnancy.

What Are the Treatments of GERD?

In many cases, doctors find that acid indigestion can be controlled by modifying lifestyles and proper use of over-the-counter medicines.

- ▼ Avoid foods and beverages which contribute to acid indigestion: chocolate, coffee, peppermint, greasy or spicy foods, tomato products and alcoholic beverages.
- ▼ Stop smoking. Tobacco inhibits saliva which is the body's major buffer. Some studies have concluded that tobacco stimulates stomach acid production and relaxes the muscle between the esophagus and the stomach, permitting acid reflux to occur.
- ▼ Reduce weight if obese.
- ▼ Avoid eating 2-3 hours before sleep.
- ▼ Take an over-the-counter antacid or an H₂-blocker, some of which are now available without a prescription.

When Should You See a Doctor about GERD?

When symptoms of acid indigestion are not controlled with modifications in lifestyle, and over-the-counter medicines are needed more often than twice a week, you should see your doctor.

When GERD is left untreated serious, complications can occur, such as severe chest pain that can mimic a heart attack, esophageal stricture (a narrowing or obstruction of the esophagus), bleeding, or Barrett's esophagus (a pre-malignant condition of the esophagus). Symptoms suggesting that serious damage has already occurred include:

- ▼ Dysphagia A feeling that food is trapped behind the breast bone.
- ▼ Bleeding Vomiting blood or tarry, black bowel movements.
- ▼ Choking Sensation of acid refluxed into the windpipe causing shortness of breath, coughing, hoarseness of the voice.

What Type of Tests are Needed to Evaluate GERD?

Your doctor may wish to evaluate your symptoms with additional tests when it is unclear whether your symptoms are caused by acid reflux, or if you suffer from complications of GERD such as dysphagia, bleeding, choking, or if your symptoms fail to improve with prescription medications. Your doctor may decide to conduct one or more of the following tests.

▼ Barium Esophagram or Upper GI X-Ray

This is a test where you are given a chalky material to drink while X-rays are taken to outline the anatomy of the digestive tract.

▼ Endoscopy

This test involves insertion of a small lighted flexible tube through the mouth into the esophagus and stomach to examine for abnormalities. The test is usually performed with the aid of sedatives.

▼ Esophageal Manometry or Esophageal pH

This test involves inserting a small flexible tube through the nose into the esophagus and stomach in order to measure pressures and function of the esophagus. With this test, the degree of acid refluxed into the esophagus can be measured as well.

Surgery

Surgeons perform anti-reflux surgery on patients with longstanding gastroesophageal reflux disease not controlled with medication. The surgical technique attempts to improve the natural barrier between the stomach and the esophagus that prevents acid reflux from occurring.

Medications Often Prescribed for GERD

Prescription medications to treat GERD and ulcers include drugs called H₂ receptor antagonists (H₂-blockers) and proton pump inhibitors which help to reduce the stomach acid which

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tends to exacerbate symptoms, and work to promote healing, as well as promotility agents which aid in the clearance of acid from the esophagus.

H₂-Receptor Antagonists

Since the mid-1970's H₂-receptor antagonists have been used to treat GERD and ulcer disease. In GERD, H₂-receptor antagonists improve the symptoms of heartburn and regurgitation and heal mild-to-moderate esophagitis. Symptoms are eliminated in somewhat over 50% of patients with twice a day prescription dosage of the H₂-receptor antagonists. Healing of esophagitis may require higher dosing. These agents maintain remission in about 25% of patients.

H₂-receptor antagonists are generally less expensive than proton pump inhibitors and provide adequate, cost-effective approaches as the first-line treatment as well as maintenance agents in GERD and ulcer disease. In mid-1995, the FDA approved availability of some H₂-blockers without prescription in dosage levels appropriate for treatment of heartburn.

Proton Pump Inhibitors

Proton pump inhibitors (PPIs), such as omeprazole, and more recently lansoprazole, have been found to heal erosive esophagitis (serious forms of GERD) more rapidly than H₂ receptor antagonists. PPIs provide not only symptom relief, but also symptom resolution in most cases, even in those with esophageal ulcers. Studies have shown PPI therapy can provide complete endoscopic mucosal healing of esophagitis at 6 to 8 weeks in 75% to 100% of cases. Daily PPI treatment provides the best long-term maintenance of esophagitis, particularly in keeping symptoms and disease in remission for those patients with moderate-to-severe esophagitis, plus this form of treatment has been shown to retain remission for up to five years.

Promotility Agents

Promotility drugs are effective in the treatment of mild to moderately symptomatic GERD. These drugs increase lower esophageal sphincter pressure, which helps prevent acid reflux, and improves the movement of food from the stomach. They decrease heartburn symptoms, especially at night, by improving the clearance of acid from the esophagus. Recent developments have greatly limited the availability of one of these agents, i.e. cisapride. Cisapride had been used widely for several years in treating night-time heartburn and was also used by some practitioners in treatment of GERD symptoms in children. More recently, rare but potentially serious complications have been reported in some patients taking cisapride. These complications seem to be related to usage in

patients on contraindicated medications or in patients with contraindicated medical conditions, such as underlying heart disease. In March of 2000, the manufacturer announced that it had reached a decision in consultation with the FDA to discontinue the marketing of the drug. The product will remain available only through a limited-access program. This program has been established for patients who fail other treatment options and who meet clearly defined eligibility criteria.

Over-the-Counter Medications

Large numbers of Americans use over-the-counter antacids and other agents that are available without a prescription to treat minor GI discomforts, infrequent heartburn or acid indigestion. Recently, FDA approved the non-prescription availability of important acid suppression agents, call H₂-blockers (Tagamet, Pepsid, Zantac and Axid - some are already available at certain dosages for OTC uses, others are expected to be available soon) for treatment of heartburn. Over-the-counter antacids alone account for over \$1 billion in sales per year. Early indications are that over-the-counter H₂-blockers will also account for major consumer purchases.

Over-the-counter medications have an important role in providing relief from heartburn and other occasional GI discomforts. More frequent episodes of heartburn or acid indigestion may be a symptom of a more serious condition which could worsen if not treated. If you are using an over-the-counter product more than twice a week, you should consult a physician who can confirm a specific diagnosis and treatment plan with you.

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