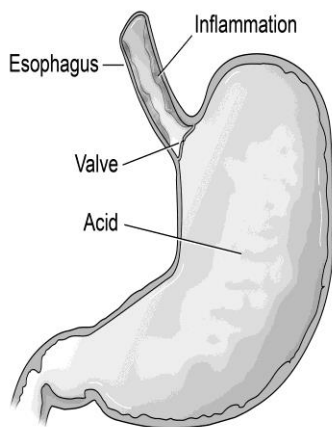


Gastroesophageal Reflux Disease (GERD)

Gastroesophageal reflux disease (GERD) is the backward flow (reflux) of acid from the stomach into the esophagus. The valve between the stomach and the esophagus (the tube that connects the stomach to your mouth) becomes weak and allows stomach acid to flow upward. This can cause irritation to the lining of the esophagus. Sometimes the damage to the lining is called erosive esophagitis or esophagitis. Problems include esophagitis, strictures and Barrett's esophagus. Barrett's is a change of the lining of the esophagus to look like the lining of the stomach and can lead to cancer in a small number of patients. Yet, most reflux is not this severe. This handout will



When stomach acid is reduced, the lining of the esophagus can heal. Once healed, the esophagus is better able to tolerate acid.

help explain GERD. If you have any questions, please ask your nurse or doctor.

Avoid things that make GERD worse:

- Cut down or quit smoking.
- Do not use belts or clothes that are tight fitting around the waist.

- Raise the head of your bed so it is 6 to 8 inches higher than the foot of the bed (using extra pillow is not enough).
- Do not use a stack of pillows that causes bending at the waist.
- Exercise, but not close to bedtime, as it may make the symptoms worse.
- Bending over or lying down may cause GERD symptoms to worsen in some people.

Diet

- Do not eat too much food at one time. Four to five small meals are better than three big meals.
- Chew your food well.
- If you are going to use alcohol, drink a small amount with a meal. Alcohol makes your stomach put out more acid. Drinking it with food helps to buffer the stomach acid.
- Do not eat or drink within 3 hours of bedtime.
- Being overweight makes the symptoms worse. If you need to lose weight, please ask your doctor or nurse for advice.
- Do not eat meals that are high in fat and low in fiber.

Avoid foods and drinks that cause heartburn and indigestion. Some people report that all foods or drinks cause symptoms and others are not bothered by any.

Some examples of foods that may cause heartburn:

- Hot spicy food
- Orange juice, grapefruit juice
- Peppermint and spearmint
- Onions and tomato products
- Caffeinated or decaffeinated coffee, soda, chocolate

Medicines

- Tell your doctor or health care provider the medicines that you are taking.
- **Do not stop taking your medicines without first talking to your Doctor.**
- The following can cause or worsen GERD symptoms:
 - Alendronate (Fosamax[®]), Pamidronate (Aredia[®]), Risedronate (Actonel[®])
 - Anticholinergic agents such as Dicyclomine, clidinium
 - Belladonna alkaloids, atropine, hyoscyamine, propantheline
 - Albuterol tablets and syrup
 - Clindamycin (Cleocin[®]), Doxycycline (Vibramycin[®]), Tetracycline
 - Ferrous sulfate (Iron supplements)
 - Nicotine replacement
 - Anti-inflammatory medications such as aspirin, ibuprofen
 - Nifedipine (Adalat[®], Procardia[®])
 - Nitroglycerin
 - Potassium Supplements (Slow K[®])
 - Quinidine
 - Theophylline
 - Warfarin (Coumadin[®])
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Signs and Symptoms of GERD

- Heartburn or other symptoms 2 or more times per week.
- Acid or sour taste in your mouth
- Food from the stomach backing up in your mouth.
- Wheezing

In more severe cases:

- Weight loss without trying to lose weight.
- Trouble swallowing
- Feeling that food is trapped in your chest behind the breast bone.
- Burning chest pain that moves up toward the neck and throat.
- Symptoms lasting up to several hours and often worsened by eating.

- Vomiting blood or having tarry black bowel movements.
- Feeling acid backing up into the windpipe causing shortness of breath, dry cough or hoarseness.

Diagnosis

Your doctor may want you to have an endoscopy to help make a diagnosis. A doctor passes a flexible tube that has a light on one end and an eyepiece at the other down your throat and into your esophagus and stomach to look at the lining of your stomach. You will receive drugs before the procedure so that you may not even remember it after it is over. For more details ask for *Health Facts for You* #4330.

Treatment

The goal in treating GERD is to stop the symptoms, heal esophagitis, prevent it from coming back, and avoid further problems. Along with making changes in diet and habits, the drugs listed below may be used:

- **Antacids** such as Tums[®], Rolaids[®], Maalox[®], or Mylanta[®] may stop or help mild symptoms and are used as needed for quick relief. They neutralize stomach acid. Antacids that contain alginic acid like Gaviscon[®] may be more effective in GERD. You can buy these without a prescription and they can be used with newer medicines to treat GERD.
- **H₂ blockers** such as ranitidine (Zantac[®]), cimetidine (Tagamet[®]), famotidine (Pepcid[®]) and nizatidine (Axid[®]) reduce the amount of stomach acid. They decrease the backflow of stomach acid into the esophagus and help relieve symptoms. Low doses of H₂ blockers can be bought without a prescription and work well for mild reflux. With a prescription, you can get larger doses. When taken twice a day, they work well in treating GERD and are used to prevent the return of symptoms.

- **Proton pump inhibitors (PPIs)** such as esomeprazole (Nexium[®]), lansoprazole (Prevacid[®]), omeprazole (Prilosec[®], Prilosec OTC[®]) pantoprazole (Protonix[®]), and rabeprazole (Aciphex[®]) stop the production of acid in the stomach. These medicines work to heal more serious forms of GERD and are used to prevent symptoms from coming back.
- **Promotility agents** such as metoclopramide (Reglan[®]) help prevent the backflow of stomach acid by making the valve between the stomach and esophagus stronger. Metoclopramide also moves food and gastric juices through the stomach more quickly. It can

treat mild to moderate GERD when the stomach and intestines move too slowly and cause the symptoms.

More information can be found at the following internet addresses:

- The American Gastroenterological Association at: <http://www.gastro.org/>
- The National Digestive Diseases Information Clearinghouse at: <http://digestive.niddk.nih.gov/ddiseases/pubs/gerd/index.htm>

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5694