Basics of Gastroesophageal Reflux Disease (GERD)

What Is Gastroesophageal Reflux Disease (Gerd)?

- When we eat, food passes from the throat and into the stomach through a tube called as the esophagus or food pipe.
- GERD (gastroesophageal reflux disease) is a condition in which the acidic contents of the stomach travels upwards and into the esophagus. This acidic content hurts the esophagus leading to symptoms and even inflammation in the esophagus.

What Are The Symptoms Of Gerd?

The most easily recognized symptoms of GERD include a burning sensation in the chest known as heartburn and regurgitation. Patients may occasionally have unusual symptoms like chest pain, difficulty in swallowing, dry cough, and sore throat.

Who Is At Risk Of Gerd?

Some people have a higher risk of developing GERD

- People with hiatal hernia: Hiatal hernia can weaken the lower esophageal sphincter (muscle between the esophagus and stomach) causing reflux.
- Being overweight: This can cause extra pressure on the stomach and diaphragm leading to reflux.
- Pregnancy: Increased production of female hormone: progesterone during pregnancy loosens the muscles between stomach and esophagus. Also, the growing fetus can exert pressure on the stomach.
- Cigarette smoking/Heavy alcohol use: Heavy consumption of alcohol and smoking could irritate the stomach lining and induce reflux.
- H. pylori infection: Reflux occurs due to this infection as the food does not move from the stomach to the small intestine.
- Diabetes: In diabetic patients, the stomach takes longer to empty its contents, which can lead to reflux.
- Asthma: Reflux maybe due to continuous coughing and pressure on the lungs.

How Is Gerd Diagnosed?

- Empiric PPI trial: A short course of PPI (2 weeks) is given and checked for response.
- Esophageal pH monitoring: It involves inserting a thin tube into the nose and down the esophagus. It is left in for 24 hours while it measures how much stomach acid is getting into the esophagus.
- Esophageal manometry: By measuring the muscle contractions in the esophagus, this test can tell the doctor if the lower esophageal sphincter is functioning properly.
- Upper GI endoscopy: This allows the doctor to see the esophagus with an endoscope (camera)

Can Gerd Be Reversed?
Most people with GERD have mild symptoms and can be treated successfully by lifestyle modifications such as:

- Avoiding chocolate, peppermint, fatty foods, coffee, spicy foods, carbonated and alcoholic drinks.
- Reducing the portions at meal times and eating meals 2-3 hours before sleep.
- Elevating the head of the bed 4-6 inches while sleeping.

**How Can GERD Be Treated?**

- Antacids that neutralize stomach acid: May provide quick relief. But antacids alone won't heal an inflamed esophagus damaged by stomach acid.
- Medications that reduce acid production: Don't act as quickly as antacids do, but they provide longer relief. E.g. Cimetidine, famotidine, nizatidine or ranitidine.
- Medications that block acid production and heal the esophagus: Proton pump inhibitors are strong blockers of acid production and allow time for damaged esophageal tissue to heal. E.g. Pantoprazole, Omeprazole, Lansoprazole.
- Surgery: It can be a very effective treatment in patients who don't respond to other treatments.

**What Are The Complications Of Long Term GERD?**

Over time, chronic inflammation in your esophagus can lead to complications.

- Reflux esophagitis: Damage of esophagus, causing ulcers near the junction of the stomach and esophagus.
- Esophageal strictures: Narrowing of the esophagus.
- Barrett's esophagus: Precancerous changes to the esophagus.
- Esophageal adenocarcinoma: Cancer of the esophagus.

**References**

- [https://www.ucsfhealth.org/education/gerd_in_ild_patients/](https://www.ucsfhealth.org/education/gerd_in_ild_patients/) Last accessed on 15/04/2016

This is not a substitute for a doctor's advice and care. Please refer to your doctor for any further queries.

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General Medicine