



UNDERSTANDING BARRETT'S ESOPHAGUS

Overview

Barrett's esophagus describes a condition where the cells lining the lower esophagus change. The esophagus is the swallowing tube that carries food from the mouth to the stomach.

There are 800,000 Canadians living with this disorder — nearly half of these have no symptoms. It is believed those living with Barrett's esophagus are at an increased risk of developing esophageal cancer so it is important that those at risk be tested for the disorder. Risk factors include being older than 50 years, male and having experienced reflux-symptoms for longer than one year. Diagnosis of Barrett's esophagus requires that suspected patients undergo endoscopy and biopsy.

What causes Barrett's esophagus?

Barrett's esophagus is associated with long-standing gastroesophageal reflux disease (GERD), a common condition where stomach contents, including acid and bile, regurgitate into the esophagus. It has been suggested that Barrett's esophagus is the body's attempt to protect the esophagus from the irritating effects of acid and bile by changing to a different lining.

How do I know if I have Barrett's esophagus?

Barrett's esophagus is more common in people with GERD which can cause heartburn, regurgitation, belching or chest pain. This disorder affects more men than women and is more common among Caucasians.

Barrett's esophagus is diagnosed by endoscopy, a safe outpatient procedure where a flexible tube with a camera is passed through the mouth to look at the lining of the esophagus and take a small tissue sample (biopsy). Often, the endoscopist can notice a change in the appearance of the lining of the esophagus that suggests the presence of Barrett's esophagus. However, the diagnosis can only be confirmed by carefully examining the biopsy under a microscope.

How is Barrett's esophagus treated?

No treatment has been shown to return the lining of the esophagus to its normal state. However, most patients with Barrett's esophagus are given lifestyle advice and treated with medications to reduce stomach acid, control the symptoms of GERD and minimize ongoing damage. These

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medications include proton pump inhibitors and H₂-receptor antagonists. A number of experimental techniques are also being used to eliminate Barrett's mucosa, such as photodynamic therapy (PDT), thermal ablation and endoscopic mucosal resection. However, their long-term effects are unknown and these technologies are not widely available.

Barrett's esophagus is believed to increase the risk of developing esophageal cancer. Most physicians recommend that people with Barrett's esophagus undergo endoscopy about every two years to screen for cancer and allow early treatment. In some cases more frequent endoscopy is recommended.

What we still do not understand about Barrett's esophagus

Many questions about Barrett's esophagus remain unanswered. We do not fully understand what predisposes some people to develop the condition. Accordingly, it is not known whether all people with GERD should be tested for Barrett's esophagus, or only those with specific risk factors

like severe or long-standing symptoms. The true risk of developing esophageal cancer in people with Barrett's esophagus remains controversial. Screening those patients with Barrett's esophagus is now recommended every two years, however, the optimal interval has yet to be defined. The role of experimental techniques like PDT in treating Barrett's esophagus and early esophageal cancer requires further study.

More information

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As the Foundation of the Canadian Association of Gastroenterology, we work directly with leading physicians, scientists, and other health care professionals to help you understand and take control of your digestive health with confidence and optimism.

Through research and public education, we aim to:

 <p>REDUCE the incidence and prevalence of digestive disorders</p>	 <p>IMPROVE understanding of digestive health issues</p>
 <p>SUPPORT those suffering from digestive disorders</p>	 <p>ENHANCE quality of life for those living with digestive disorders</p>

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