



UNDERSTANDING GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Overview

Gastroesophageal reflux disease (GERD) is a disorder affecting the valve between the esophagus (swallowing tube) and the stomach. Reflux refers to a reverse flow of the stomach's contents into the esophagus. Most people living with GERD suffer from indigestion, heartburn or acid reflux.

On average, 5 million Canadians experience heartburn and/or acid regurgitation at least once each week. Twenty-five percent of pregnant women experience daily heartburn, and more than 50% have occasional distress. Recent studies show that GERD in infants and children is more common than previously thought and may produce repeated vomiting, coughing and other respiratory problems, or failure to grow.

People suffering from GERD are absent from work 16% of each year because of their symptoms. In Canada, this represents 1.7 billion hours of lost productivity which amounts to \$21 billion every year.

What causes GERD?

Reflux refers to a reverse flow of the stomach's contents into the esophagus. The stomach contents contain acid and chemicals to digest food. The valve or lower esophageal sphincter (LES) normally prevents back flow from the

stomach. Gastroesophageal reflux occurs when the LES is weak, allowing the acidic gastric juice to back flow into the esophagus. This can lead to injury to the lining of the lower esophagus (called esophagitis).

Some food and drinks, including chocolate, peppermint, fried or fatty foods, coffee, or alcohol may cause reflux and heartburn. Cigarette smoking relaxes the LES and worsens symptoms. GERD is also associated with obesity and pregnancy.

A large hiatus hernia may act as a reservoir for acid and increase the reverse flow into the esophagus. Hiatus hernia occurs when the upper part of the stomach moves up into the chest through a small opening in the diaphragm.

How do I know if I have GERD?

Heartburn is the most common symptom of GERD. It refers to a burning pain behind the breastbone which moves upwards toward the throat. Sufferers may also note regurgitation and an acid taste in the mouth. Heartburn is often worse after eating, bending over, lying down or physical activity. It may be eased by standing or taking an antacid which neutralizes acid in the lower esophagus. Heartburn may be confused with pain originating from the heart.

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How is GERD treated?

Lifestyle and dietary changes to reduce the reflux and the potential to damage the esophageal lining are advised for most people living with GERD symptoms. Patients should avoid food and drinks known to increase reflux or those that can irritate a damaged esophageal lining such as citrus fruits and juices.

Reducing the size of meals may also help. The last meal of the day should be finished 2-3 hours prior to bed with no bedtime snacks.

Elevating the head of the bed 4-6 inches or 10-15 centimetres or sleeping on a specially designed wedge reduces heartburn.

Patients with reflux who are overweight may find some relief when they lose weight.

Stopping smoking is also important to reduce GERD symptoms.

Many people living with GERD require medication. Medical treatment involves the use of antacids to neutralize acid in the esophagus and stomach or drugs to reduce the amount of acid secreted into the stomach in response to meals. Antacids or histamine H₂-receptor antagonists are readily obtained without a prescription at the pharmacy.

For chronic heartburn, histamine H₂-receptor antagonists or proton pump inhibitors are used. These are very effective in treating the symptoms, healing esophagitis, maintaining control of symptoms and reducing recurrences.

If symptoms respond rapidly to treatment, further tests may not be necessary. When symptoms are slow to respond or long-term treatment is needed, investigations are usually required. This is often performed by endoscopy. Endoscopy is a safe test that involves the insertion of a slim, flexible

tube with a TV camera at one end into the esophagus. This allows the doctor to see the esophagus and biopsy (take tissue samples for examination under a microscopy) any abnormalities. Alternatively, an X-ray may be undertaken. Other investigations such as acid measurements or pressure studies may be performed. A minority of GERD patients with persistent, severe reflux may require surgery.

Complications of GERD

Uncontrolled GERD can result in damage to the esophagus which may be complicated by bleeding or ulceration. In addition, narrowing (called stricture) of the esophagus may occur from chronic scarring. Some patients may develop Barrett's esophagus which occasionally leads to cancer in the long term. Unusual or persistent symptoms should be investigated promptly by a physician.

More information

For more information about protecting and enhancing your digestive health, please visit www.CDHF.ca

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Over 20 million Canadians suffer from digestive disorders every year. The Canadian Digestive Health Foundation believes this is unnecessary and unacceptable.

We reduce suffering and improve quality of life by empowering Canadians with trusted, up to date, science-based information about digestive health and disease.

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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