



## Gastroesophageal Reflux Disease – GERD

# *Don't Try To Hide It – Push To Get Answers That Can Change Your Life*

Sixteen year old Megan Girard has lived with stomach pain all her life. As a baby, she fussed and cried through every feeding. When Megan was four months old, her mother, Mona Brown, rushed her to the hospital Emergency Room and begged the on-duty doctor, “Please, just make her stop screaming.” Mona tried different types of formula, soy milk and special diets for Megan. “Each time Megan would settle a bit,” Mona recalls. “But it never lasted for very long.”

“I can’t really remember a time when I didn’t have stomach pain,” says Megan, now in Grade 11. “All through the years when I was little, my stomach always hurt.” In Junior High, Megan’s symptoms became alarming. Every morning around five a.m., Mona would find Megan coiled into a fetal ball on the bathroom floor – legs drawn up tight against her chest, arms gripping her abdomen – screaming, “Mom, it hurts so bad, it hurts so bad.”

“I woke up each day in so much pain that I didn’t want to go to school,” Megan says. “Mom and dad worried about me missing classes, but I couldn’t get up. It felt like I was being stabbed in the stomach, over and over and over.”

Mona took Megan to the family doctor repeatedly. Each time they were sent away without any tests or investigation. “It’s something she ate,” the doctor assured Mona. Or, “Megan has a touch of heartburn. It’s nothing to worry about.”

After Grade 8 graduation, Megan spent the summer in bed. “I was sick the entire summer before high-school. I couldn’t

get out of bed to visit my friends and they couldn’t come over to see me. I lived with a heating pad clutched to my stomach.”

In Grade 9, Megan’s teachers and classmates grew concerned by her behavior. Teachers noticed Megan in the cafeteria – chatting with friends, but never eating. They encouraged Megan to buy food from the caf, but she refused, even though she had lunch money in her pocket. Friends tried to share their lunch, but Megan never accepted, not knowing which food might trigger a bout of excruciating stomach pain. “I didn’t know what I could eat or what I couldn’t eat, so I would go all day without eating anything.” Megan admits her friends suspected she had bulimia or anorexia. “They assumed my complaints about stomach pain was just a smokescreen – an excuse to lose weight.”

Megan’s diet became more and more limited. She avoided breakfast – her morning abdominal pain so severe that it caused her to vomit bile from her empty stomach. “At that point, all she was eating was dry bread and water,” Mona says. “I kind of thought if anyone found out, The Children’s Aid Society might come knocking at my door.”

Megan endured a constant cycle of trips to the Emergency Room – 10 visits in a year and a half. Several ER physicians even knew Megan by name. Each time, Megan was rehydrated with IV fluids and sent back home. “She has a gastro ‘bug’,” doctors told Mona. “The bug has to ‘run its course’. It’s nothing to worry about.”

## PERSONAL STORIES – GERD

“Once, I was so weak from not eating that I passed out in my third period Religion class,” Megan says. “The school called for an ambulance which took me to the hospital. I think it was already my ninth time in ER but the doctors were still scratching their heads about why I was getting sick.”

Mona, an outpatient nurse, spent 90% of her days worrying about her daughter’s health. She talked to other nurses and spent time on-line researching Megan’s symptoms. “My overriding thoughts were: what can I convince Megan to eat today? What can I buy or what can I make that she might tolerate? I was desperate for some type of nutrition that I could get into this kid.”

Megan too, was terrified of what was happening to her. “I thought I had stomach cancer. Cancer is a common disease in both my mom’s and my dad’s families so I thought it was that – or that my organs were shutting down.” Like many teens, Megan was private and preferred that her mom stay out of the bathroom when she was sick. But Mona finally pushed her way to the toilet and when she saw streaks of blood in Megan’s bile, panic set in.

Mona found the Canadian Digestive Health Foundation (CDHF) – a non-profit organization supporting the more than 20 million Canadians affected by digestive dysfunction – while doing Google research on Megan’s symptoms. Mona sent the Foundation an email filled with frustration and fear. The CDHF Director and a gastroenterologist reviewed Mona’s email with concern. Their reply, urging Mona to take Megan for a gastroscopy – an internal examination of the esophagus, stomach and upper intestine (duodenum) – sent Mona rushing back to the family doctor demanding a referral to a gastroenterologist.

“I believe the CDHF helped to save Megan’s life,” Mona says. “Because after the gastroscopy, the pediatric GI came out from the treatment room and said what I had known all along – ‘This little girl has been sick for a very, very long time.’”

Megan was diagnosed with gastric esophageal reflux disease or GERD – a disorder affecting the valve between the esophagus (swallowing tube) and stomach. GERD causes

regurgitation of the stomach contents into the esophagus causing heartburn, vomiting, coughing and respiratory problems. Years of untreated GERD caused Megan’s excruciating pain and the constant backward flow of stomach acids had corroded raw, irritated lesions into the lining of her esophagus. The damage was so severe that the gastroenterologist was surprised that Megan’s esophagus had not already ruptured.

Megan was immediately prescribed a proton pump inhibitor (PPI) to shut off the acid secretion in her stomach. “The first PPI I tried helped a bit but after six months my stomach pain was back and the reflux was worse,” Megan says. “So, my doctor switched me to another brand of PPI, which I take twice a day, and it has worked much better. On a scale from 1-10, it keeps my pain at about a 3.”

Megan was also diagnosed with lactose intolerance – an inability to digest lactose, the sugar in milk and milk products – which causes abdominal pain, bloating, gas and diarrhea. “After the scope and diagnosis, I was relieved to find out what was wrong with me and I was ecstatic that it wasn’t cancer. But my first thought when I heard ‘lactose intolerance’ was, ‘Oh God, there goes my ice-cream!’”

Megan and Mona are learning to juggle special diets for reflux and lactose intolerance. Megan avoids foods with high acidity and she takes Lactaid – an enzyme to help her digest lactose – before she eats her favorite milk-based foods like cheese, ice-cream and pizza. “My daughter has slowly started to eat again,” Mona announces with relief. “She has a bowl of cereal at breakfast and she will actually buy something in the cafeteria for lunch. I can’t begin to tell you how good it is to see your child eat.”

Life has changed for Megan at school as well. She carries Lactaid and Gaviscon tablets in her backpack to fight off attacks of gastric reflux and lactose intolerance when she eats. “My friends know I have GERD, not an eating disorder, so they feel a lot better knowing what it is and they keep on me to take my meds and eat what I’m supposed to. I have a lot more energy to do stuff now – I play soccer with my friends at lunch, rather than just watching. I even joined the school band.”

## PERSONAL STORIES – GERD

“Megan has about six ‘moms’ at school,” Mona adds. “Megan’s friends are always eyeing her food and asking, ‘Hey, Meg, are you allowed to have that?’ My daily worrying has dropped drastically.”

Reflecting on her years of struggle to help her daughter, Mona feels that a parent must be an advocate for a child with digestive symptoms. “Push for investigation, push for tests, push for a scope. You have to have a backbone and to make the doctor listen to you – and if he doesn’t listen, get another one.”

Megan adds her own advice, “Don’t try to hide it like I did. I kept it to myself for a long time and I didn’t want my parents to know how bad it was. But you should tell someone and go to the doctor right away.”

Now that Megan’s condition is out front, she even wears a reminder, showing just how far she’s come, on her back. The school’s band members have nicknames stitched onto their uniforms. The name on the back of Megan’s jacket reads ‘E.R.’.

### *You are not alone*

On average, 5 million Canadians experience heartburn and/or acid regurgitation at least once each week. Persons with chronic upper gastrointestinal complaints are absent 9 times more often than healthy persons. As well, while at work, the productivity of symptomatic individuals is 8 times lower than those who are not affected by GERD.

### *What you should know*

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. Many people living with GERD require medication to neutralize acid in the esophagus and stomach or drugs to reduce the amount of acid secreted into the stomach in response to meals. These are very effective in treating the symptoms, healing esophagitis, maintaining control of symptoms and reducing recurrences.

### *Signs and symptoms (from fact sheet)*

- Heartburn
- Regurgitation (fluid or food in the mouth that has refluxed up from the stomach)
- Indigestion
- Hoarseness, cough, asthma, lung infection
- Weight loss
- Problems swallowing
- Vomiting, including bringing up blood
- In children, GERD may produce repeated vomiting, coughing and other respiratory problems, or failure to grow.

### *Ask yourself:*

- Does my heartburn increase after eating, exercising or, when I lie down?
- Do my symptoms wake me from my sleep?
- Have I experienced heartburn for several years?
- Do my symptoms persistent in spite of medical treatment?  
Does food stick in my throat when I try to swallow?
- Do I bring up blood or pass black stools?

If you answered yes to any of the above questions, you should speak with your doctor.

# DONATE

# ABOUT US

**YES!** I want to donate to the Canadian Digestive Health Foundation

**Please accept my donation to support:**

- Canadian Digestive Health Foundation Programs as needed
- Canadian Digestive Health Foundation Endowment Fund

**My donation is:**

- Personal       In honour of       In memory of  
\_\_\_\_\_ (person's name)

- Yes, please send notification of my gift to:

Full name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Personal message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Donate by Cheque:**

- I have enclosed a cheque for \$ \_\_\_\_\_
- I have enclosed a blank cheque marked "VOID" and authorize the Canadian Digestive Health Foundation to deduct \$ \_\_\_\_\_ from my account on the 28th day of each month

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ (dd/mm/yy)

**Donate by Credit Card:**

I would like to make a donation using my credit card. Please charge my

- VISA     MasterCard
- \$ 100     \$ 250     \$ 500     \$ 1000     Other \$ \_\_\_\_\_.

I want to support the Canadian Digestive Health Foundation with a monthly donation charged to my credit card on the 28th day of each month. My signature below is authorization for this transaction.

- \$ 250     \$ 100     \$ 75     Other \$ \_\_\_\_\_ per month

Card #: \_\_\_\_\_

CCV2 \_\_\_\_\_ Exp. \_\_\_\_\_ / \_\_\_\_\_ mm/yy

Signature: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC: \_\_\_\_\_





- Please send me information about protecting and improving my digestive health.

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

## Request for support

The Canadian Digestive Health Foundation is a national charity governed by a volunteer board of directors. We rely on donations from the public and the generosity of our partners to develop and deliver our programs. Please consider including our Foundation as one of your chosen charities.

## Contact us/Donate to

Canadian Digestive Health Foundation  
1500 Upper Middle Road, Unit 3,  
PO Box 76059, Oakville, ON L6M 1G0  
Tel and Fax: 905-829-3949  
info@CDHF.ca