

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Important information regarding your health

Gastroesophageal Reflux Disease (GERD) is a more serious form of gastroesophageal reflux (GER). GER occurs when the lower esophageal sphincter opens spontaneously or does not close properly, allowing stomach contents to enter into the esophagus. GER is also commonly called acid reflux or acid regurgitation.

When acid reflux occurs, food or fluid can be tasted in the back of the mouth. When refluxed stomach acid contacts the lining of the esophagus, it may cause a burning sensation in the chest or throat called heartburn or acid indigestion. Persistent reflux that occurs more than twice a week is considered GERD and can lead to more serious health problems.

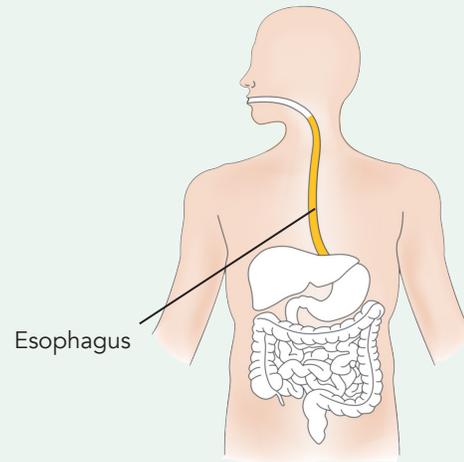
Why some people develop GERD remains unclear. However, research shows that, in people with GERD, the lower esophageal sphincter relaxes while the rest of the esophagus is working. A hiatal hernia may also contribute to GERD. Normally, the diaphragm helps the lower esophageal sphincter keep acid from entering into the esophagus. When a hiatal hernia is present, acid reflux can occur more easily. A hiatal hernia can occur at any age but is usually considered a normal finding in otherwise healthy people over age 50.

Common Symptoms:

The main symptom of GERD is frequent heartburn - a burning pain in the lower part of the mid-chest (behind the breast bone) and in the mid-abdomen. Most children under age 12 and some adults have GERD without heartburn. Instead, they may experience a dry cough, asthma symptoms, or difficulty swallowing.

Common foods that can worsen reflux symptoms include the following:

- Citrus fruits
- Chocolate
- Drinks with caffeine or alcohol
- Fatty and fried foods
- Garlic and onions
- Mint flavorings
- Spicy foods
- Tomato-based foods, such as spaghetti sauce, salsa, chili, and pizza



Diagnosis:

Physician will first try and treat the symptoms of GERD with a variety of antacids or other over-the-counter anti-reflux medications. If your symptoms do not improve with lifestyle changes or medications, you may need additional tests, such as the following:

- **Barium swallow radiograph:** This test uses X-rays to help spot abnormalities, such as a hiatal hernia and other anatomical problems of the esophagus. With this test, you drink a solution, and then X-rays are taken. The test will not detect mild irritation, although strictures, narrowing of the esophagus, and ulcers can be observed.
- **Upper endoscopy:** This test is more accurate than a barium swallow radiograph and may be performed in a hospital or a doctor's office. After lightly sedating you, the doctor will slide a thin, flexible plastic tube with a light and lens on the end (endoscope) down your throat. Acting as a tiny camera, the endoscope allows the doctor to see the surface of the esophagus and search for abnormalities.
- **Biopsy:** Tiny tweezers, called forceps, are passed through the endoscope and allow the doctor to remove small pieces of tissue from your esophagus. The tissue is then viewed with a microscope by the pathologist to look for damage caused by acid reflux and to rule out other problems such as infection or abnormal tissue growth.
- **pH monitoring examination:** This procedure involves the insertion of a small tube into the esophagus or clipping a tiny device to the esophagus that will stay there for 24 to 48 hours. The device measures when and how much acid enters into your esophagus. This test can be useful when combined with a carefully completed diary - recording when, what, and how much the person eats - which allows the doctor to see correlations between symptoms and reflux episodes.

