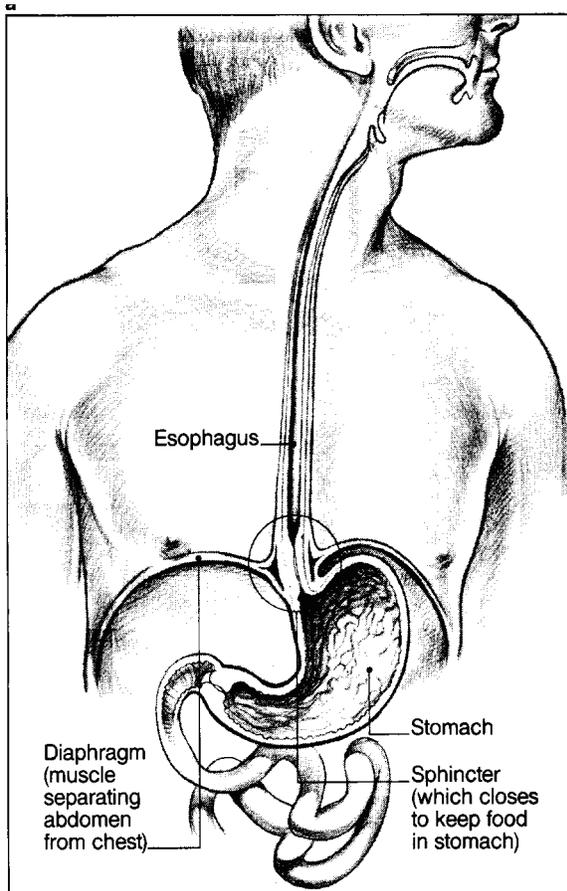


What is gastroesophageal reflux?

When you swallow food, it travels down a tube called the *esophagus* to the stomach. The lower end of the esophagus - called the *sphincter* closes to keep the food in the stomach (see illustration below). If the sphincter is unable to stay closed, the stomach contents flow back - or reflux - into the esophagus. This backward flow is the condition called *gastroesophageal reflux*.



The stomach contains acid that helps in digesting food. When stomach acid refluxes into the esophagus, it can irritate the lining and cause the burning sensation called *heartburn*. If it refluxes all the way into the throat, it produces a sour taste in the mouth. Sometimes reflux causes cramps or sharp chest pain. Other times, it produces a feeling of pressure in the chest.

Gastroesophageal reflux is common. About 1 of every 10 persons has this problem daily and about 1 of 3 has it occasionally. For most people gastroesophageal reflux does not interfere with general health. In some people, however, stomach acid refluxes into the windpipe, causing coughing, choking, difficulty in breathing, or even pneumonia. Over a long time, scar tissue may build up in the esophagus and make swallowing difficult.

How is reflux treated?

Most patients who have gastroesophageal reflux control it by

making simple changes in the way they eat and sleep and in other daily habits. Following these guidelines can help make the attacks less severe and may even prevent them from occurring at all:

- **Avoid certain foods:** Foods that may lead to reflux include coffee, tea, cola beverages, spicy or greasy foods, and foods high in acid, such as tomatoes. Chocolate and peppermint also cause reflux in many people. Keep track of what you eat, and avoid eating those foods that seem to cause discomfort,
- **Eat smaller meals:** The more you eat, the more difficult it is for the sphincter to keep food in the
- stomach.
- **Don't eat or drink anything before lying down or going to sleep:** When you're sitting up, gravity helps drain acid back into the stomach if it refluxes. But

gravity is of no help when you're lying down. As a precaution then, don't lie down for 3-4 hours after eating.

- *Avoid drinking alcoholic beverages, including beer and wine:* Alcohol lessens the ability of the sphincter to keep the esophagus closed.
- *Stop smoking:* Smoking also prevents the sphincter from working correctly.
- *Use an antacid to help relieve heartburn:* Ask your doctor or pharmacist to recommend one. Be sure to follow the dosage directions carefully.
- *Try chewing gum or sucking candy:* This may help relieve symptoms of gastroesophageal reflux. The theory is that these activities force the release of a lot of saliva, and saliva can soothe an irritated esophagus.
- *Raise the head of your bed for sleeping:* Many people find that raising the head of the bed 6 inches (15 centimeters) by placing blocks under the legs of the bed or placing a wedge of wood under the mattress prevents attacks of reflux while they sleep. Tilting the whole bed usually works better than sleeping on several pillows. Using extra pillows even worsens the problem for some persons.
- *Keep your weight within normal range:* Persons who are overweight are more likely to have persistent attacks of reflux. If weight is a problem for you, ask your doctor about an appropriate weight-reduction program.

Should I stay on my proton pump inhibitor?

Proton pump inhibitors (PPI - like omeprazole/Prilosec, pantoprazole/Protonix, lansoprazole/Prevacid) are great medicines - they really suppress acid secretion in the stomach. But, when used for a long time, they seem to reduce bone density (and increase the risk of fractures), as well as depress the magnesium level in the body, and increase the risk of pneumonia and bacterial colitis. So, IF POSSIBLE, once your symptoms are well-controlled, try either cutting the dose to every other day, or changing to an H2-blocker, like ranitidine/Zantac or famotidine/Pepcid. H2-blockers do not cause the problems outlined above, and seem to be quite safe when used for many years.

Call me if:

- You develop a fever, wheezing (difficulty breathing), coughing, or blood-stained saliva.
- You find swallowing either solid food or drink difficult or painful.
- You have episodes of choking that awaken you from sleep.
- Your symptoms worsen or interfere with normal daily activity.

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