Understanding Gastroesophageal Reflux Disease (GERD)

Keerthi Reddy, MD

What is GERD?

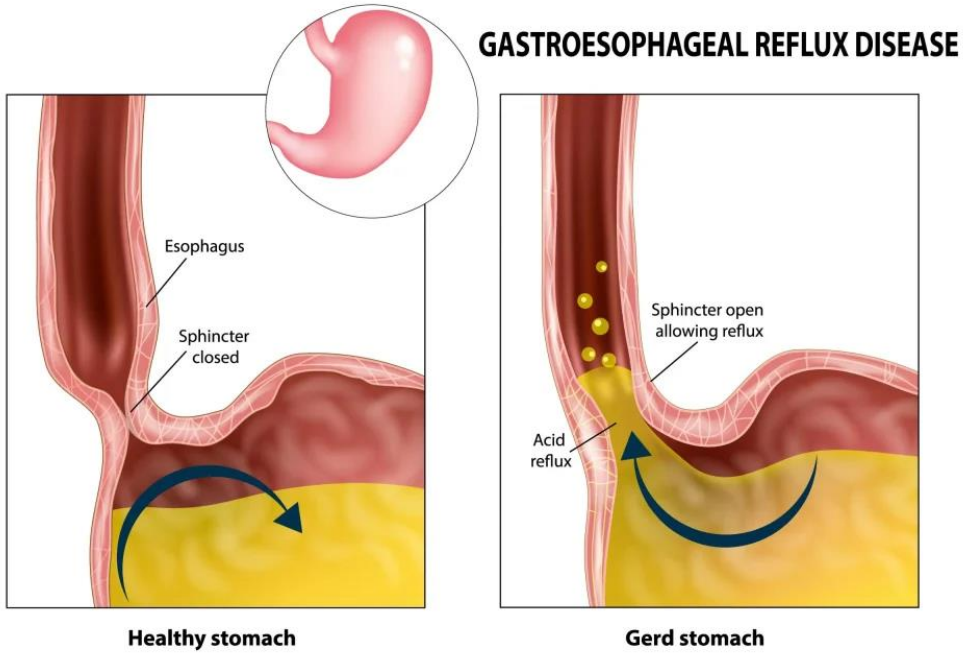
- GERD is a medical condition caused by the backflow of stomach contents upwards into the esophagus.
- Typical complaints include heartburn and regurgitation, and these symptoms occur when there is damage to the esophagus from reflux.
- Not all upper abdominal symptoms are GERD.

What Causes GERD?

- Normally, stomach contents empty into the small intestine.
- The body has mechanisms to prevent these contents from moving backwards into the esophagus.
- When these mechanisms fail (by certain foods, lifestyle habits, or anatomic issues) the stomach contents come in contact with the esophagus, causing heartburn and regurgitation.

Common Symptoms of GERD

- Heartburn.
- Regurgitation (uncomfortable feeling behind the breastbone that seems to be food moving upward from the stomach).
- Indigestion.
- Burning sensation in the back of the throat.
- Bitter taste in the mouth.



https://www.gleneagles.com.sg/conditions-diseases/gastro-oesophageal-reflux-disease/symptoms-causes

Understanding Gastroesophageal Reflux Disease (GERD)

Keerthi Reddy, MD

When Should You See a Doctor?

If you have symptoms that last more than 2 weeks or if you are taking anti-acid medications without previous workup, you should see a doctor.

Complications of GERD

Longstanding GERD may lead to esophageal narrowing causing trouble swallowing. It can lead to cancer in the esophagus, peptic strictures, precancerous lesions including Barrett's esophagus, and esophageal cancer. **Talk to your doctor if you think you have GERD to avoid complications.**

Treatment Options

GERD can often be treated by lifestyle changes, avoiding triggers, and over-the-counter medications. The goal of treatment is to eliminate symptoms and avoid complications.

Lifestyle changes:

Stop smoking. Exercise regularly and lose weight. Do not lie down for 2-3 hours after eating. Limit alcohol (beer, liquor, and wine) intake.

Foods to avoid:

Avoid trigger foods such as caffeinated beverages, sodas, and fatty foods. Replace soda and caffeine with water.

Treatment Options: Medications

Antacids (such as Tums, Alka-Seltzer), H2 receptors (such as Pepcid), proton pump inhibitors (such as Prilosec, Nexium, or Prevacid), potassium competitive acid blockers (such as Voquenza). These should be taken 30-60 minutes before breakfast.

Treatment Options: Endoscopy and Surgery

Depending on what symptoms you have and the duration, procedures such as upper endoscopy or wireless pH testing (BRAVO) and surgery might be recommended by your gastroenterologist.

References:
Katz, Philip O. MD, MACG[1]; Dunbar, Kerry B. MD, PhD[2,3]; Schnoll-Sussman, Felice H. MD, FACG[1]; Greer, Katarina B. MD, MS, FACG[4]; Yadlapati, Rena MD, MSHS[5]; Spechler, Stuart Jon MD, FACG[6,7]. ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. The American Journal of Gastroenterology 117(1):p 27-56, January 2022. | DOI: 10.14309/ajg.0000000000001538