Gastroesophageal Reflux Disease (GERD)  
...the Reason We Get Heartburn

One of the most common gastrointestinal problems in America is heartburn or gastroesophageal reflux (GERD). It is as American as fried chicken and overeating. It is the burning sensation in the mid chest area that effects many of us after eating the “wrong” foods or just plain overeating.

What is actually happening is stomach fluid and contents are moving up from the stomach into the esophagus, through an incompetent lower esophageal sphincter (a weak muscle at the end of the esophagus, just above the stomach).

Many people also have a hiatal hernia that predisposes to reflux. The stomach is designed to be able to withstand acidic fluid (as acid is produced in the stomach), but the esophagus is not. The lining of the esophagus can get injured and burned if it is repeatedly bathed by acid. It can cause ulcerations, redness, irritation, or stricturing of the esophagus, and if the reflux is chronic and frequent, the esophagus lining can get burned off and stomach lining can grow onto that damaged area, a condition known as Barrett’s Esophagus.

This condition is important because of the real potential risk of its transformation to esophageal cancer. Because of this possibility, it is often important to perform a gastroscopy to assess the state of the esophagus in the setting of chronic GERD. Controlling reflux with diet, medicines or both is important to prevent esophageal damage.

Dietary management of symptomatic reflux includes avoidance of fried and fatty foods, peppermint, chocolate, caffeine, alcohol, citrus drinks and ingesting very large portions of any food. Medicines that are helpful include H2 blockers such as Tagamet, Zantac, Pepcid, as well as proton pump inhibitors like Nexium, Prilosec, Protonix, Aciphex, Zegerid, Prevacid and Dexilant.

Being overweight or obese predisposes people to reflux, and losing weight can make reflux resolve. In some cases of chronic reflux people can have other symptoms such as wheezing, chronic cough and hoarseness. These are atypical symptoms of reflux. Other times reflux of acid or bile can cause chest pain that can be confused with cardiac chest pain. This is frightening and often sends people to the emergency room for evaluation.

Another bad habit that can exacerbate GERD is eating late at night, and then lying down, which can favor reflux of stomach contents up into the esophagus. Those late night snacking sessions can lead to painful nights if reflux occurs.

If reflux is persistent, then the chronic burns to the esophagus can cause injury and ultimately stricturing of the lower esophagus, causing difficulty swallowing. Fortunately, this can be fixed via esophageal dilation that can be done endoscopically with balloons or bougie dilators. This is an outpatient endoscopic procedure that can resolve the swallowing difficulty immediately.

Occasionally, GERD symptoms are not taken care of by medications alone and anti reflux surgery may be necessary. If it is completely successful, there may be no need to continue with medications.

If you get heartburn once a month after eating spicy foods, this is a normal occurrence. If it is occurring many times a week, then it is time to visit your doctor. If you have a chronic unexplained cough, hoarseness, hiccups, or chest pain that is burning in nature, you should see your doctor for evaluation regarding reflux as the cause.

GERD is for the most part a reversible condition that is usually quite treatable and may be completely resolved in most cases. Since this is such a common malady, it is important that the public be aware of this problem and what can be done to treat it in order to prevent the possible complications I have discussed.

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