

## **When heartburn won't quit, consider diagnosis, treatment for GERD – Dismissing chronic indigestion as just annoying could mean ignoring a serious problem**

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Laurie Harris was popping Tums and drinking Maalox every day, throughout the day, for the painful burning in her chest, especially if she bent over or lay down.

"It was terrible burning," says Harris, 53, of Parma, whose symptoms finally took her to the doctor about 16 years ago.

For Lynne Defendorf, 50, of Greece, the symptoms were different. When she bent over, she felt like some contents of her stomach were coming back up. Discomfort would wake her up at night. Also, "I had a cough, which I attributed to sinuses or allergies," she says.

Both women were diagnosed with gastroesophageal reflux disease, or GERD, which can strike at any age.

Occasional reflux, typically signaled by heartburn or acid indigestion, is common. About 10 percent of people experience heartburn and reflux at least once a week, according to the American Gastroenterological Association.

But if symptoms occur more than twice a week, and if they return as soon as an antacid wears off, it's likely GERD. GERD often can be managed with lifestyle changes and medications, but it can lead to more serious health problems.

Having stomach acid frequently in the esophagus, or food pipe, can cause inflammation called esophagitis that can progress to esophageal bleeding or ulcers. Also, scar tissue in the lower esophagus can cause narrowing of the food pipe, interfering with swallowing.

Years of untreated heartburn can change cells in the lining of the food pipe into a precancerous condition known as Barrett's esophagus, says Dr. Vivek Kaul, a gastroenterologist at the University of Rochester Medical Center who also sees patients at Clinton Crossings in Brighton. Kaul is a therapeutic endoscopist and an associate professor of medicine at URM.

Harris has Barrett's esophagus, which triggers a surveillance pattern of follow-up endoscopy and biopsy. "I'm quite concerned," she says.

People with Barrett's esophagus have a small increase in their lifetime risk of developing esophageal cancer.

Those experiencing pain too often put up with it when they really should get checked. "Don't keep popping antacids," says Dr. Tarun Kothari, chief of gastroenterology and endoscopy for Unity Health System, which treats Harris. Frequent heartburn is likely causing damage. "GERD must be treated."

Dr. Jeffrey A. Goldstein, gastroenterologist at Rochester General Hospital, agrees. "Early diagnosis and detection is going to make their life better." Getting treated properly can prevent damage and narrowing of the food pipe and can put an end to waking up in the middle of the night with symptoms, for example.

In sorting out heartburn, doctors first will likely want to rule out heart problems, says Kothari, who has offices in Greece and Penfield. Pain that lasts for minutes and feels like burning or pressure could be cardiac-related. Heartburn that lasts for hours is more likely the pain of reflux.

What's happening

When you swallow, a valve opens to allow food to move from the esophagus into the stomach.

Then the opening is supposed to close. In people with GERD, that valve — a ring of muscle called the lower esophageal sphincter — inappropriately relaxes and allows stomach acid or occasionally bile to rise into the food pipe.

A hiatal hernia, which often has no symptoms, can contribute to the problem. A hiatal hernia is a common anatomical abnormality in which the stomach partially sits in the chest cavity through a weakness in the diaphragm.

The most common symptom of GERD is a burning feeling behind the breast bone and in the mid-abdomen, especially when horizontal.

Some feel a regurgitation of food or sour liquid. Others don't have heartburn. They might experience a dry cough, trouble swallowing or asthma symptoms such as wheezing.

#### Diagnosis

Your symptoms alone might be enough for a doctor to diagnose acid reflux. But tests might be done to diagnose GERD and to determine how severe it is.

A common test called endoscopy involves inserting a lighted, flexible tube called an endoscope into the esophagus and stomach. Among the other possibilities are X-rays and 24-hour esophagus pH monitoring.

#### What to do

Lifestyle changes can make a significant difference, especially for uncomplicated GERD cases. But many people balk at limiting things they like. "I never knew how many people loved peppermint," says Kaul.

Peppermint, along with fatty foods, chocolate and excessive alcohol should be avoided by people with GERD.

Also avoid foods that cause your reflux symptoms, which might include acidic drinks (colas, red wine, orange juice), tomatoes, garlic and onions. Keeping a food and symptoms diary can help identify the culprits.

Also avoid ibuprofen, aspirin and other nonsteroidal anti-inflammatory pain relievers.

Harris says she struggles to follow the eating guidelines because of her competing medical advice to lose weight and to follow a diabetic diet and because of her own preferences.

"I love tomato sauce and stuff like that," she says. "If I cut out everything I'm not supposed to eat, I wouldn't be eating anything at all." She does try to eat small meals and avoid carbonated beverages to reduce acid reflux.

Defendorf says it definitely helps to change what you eat and drink. She limits chocolate and spicy, fatty foods such as pizza and wings that bother her. When she does eat them, she takes an acid-reducing medicine such as Zantac in addition to her daily omeprazole (generic Prilosec) for GERD.

Doctors recommend that reflux patients raise the head of the bed about 8 inches, not eat close to bedtime, lose weight if obese and avoid tight-fitting clothes.

After GERD is under control, which may take about eight weeks, says Goldstein, "I'm not saying they can't ever have chocolate." The problem foods are all right once in a while, if the patient can tolerate it, he explains. "The ones that do best are the ones that actually follow the regimen." Chewing (nonmint) gum may help mild heartburn because saliva neutralizes refluxed acid.

## Medications

See your health care provider before starting or adding a medication. Antacids such as Alka-Seltzer, Maalox, Mylanta, Rolaids and Tums are usually tried first for heartburn and other mild GERD symptoms. They can have side effects such as diarrhea or constipation.

Other medications aim to keep reflux from occurring, either by reducing or neutralizing stomach acid or by helping the muscles that empty your stomach. These are sometimes useful, according to the American Gastroenterological Association.

The most effective medications block acid production. They don't work as quickly as antacids but they last for many hours. Some are available over the counter. Stronger versions must be prescribed occasionally.

For serious GERD cases, Kothari recommends prescribed acid-blockers known as proton pump inhibitors, which include omeprazole (Prilosec, Zegerid), lansoprazole (Prevacid), pantoprazole (Protonix), rabeprazole (Aciphex) and esomeprazole (Nexium). Insurance coverage varies from drug to drug. An omeprazole/sodium bicarbonate blend called Zegerid, which went on the market in 2006, is particularly good at relieving nighttime symptoms but is costly, says Goldstein. About 90 percent of patients taking PPIs are healed within 90 days, Kothari says.

At that point, gastroenterologists' approaches differ.

Kothari says patients who've healed can then step down from a PPI drug to an H2 drug (such as Tagamet HB, Pepcid AC or Zantac 75) or to the less-potent over-the-counter omeprazole (Prilosec), to use daily or intermittently. If there's a relapse within three months, you need long-term treatment.

But Goldstein says he recommends that GERD patients stay on the PPI drugs because they are so much better. Patients can develop resistance to Pepcid or Tagamet over time.

Goldstein acknowledges that the PPI package inserts generally advise not taking them for more than one year, but clinically he's found that a daily dose is necessary to avoid a return of GERD symptoms. About 80 percent of patients relapse within three months if they stop taking GERD medication, he says.

Defendorf has a relative with GERD who stopped his PPI medication when he felt better and developed peptic strictures that narrowed his food pipe. Every couple of years he has to have his esophagus stretched because of scar tissue buildup. Once he saw pictures of the problems, he began taking the GERD medication as directed, Defendorf says.

## Surgery

Most GERD cases can be treated successfully with lifestyle and dietary changes and medication.

If medications don't work or an alternative is desired, some patients may have open or laparoscopic surgery to tighten the lower esophageal sphincter muscle. Fundoplication involves wrapping a part of the stomach called the gastric fundus around the lower esophagus. A surgical fix can last 10 to 15 years.

Endoscopic therapy for GERD and Barrett's esophagus also can be considered on a case-by-case basis.