

*Summary for the September, 2008, Program***Gastro-Esophageal Reflux Disease (GERD)**

By J.D. Steed, M.D., The Family Doctors of Belleview

Dr. Steed addressed the North Central Florida Post Polio Group at our September 2008 meeting in regard to G.E.R.D. or gastro-esophageal reflux disease. Dr. Steed grew up in Naples, Florida and received his Bachelor's Degree from the University of Florida, earned his medical degree at Wake Forest University in Winston-Salem, N.C. and then spent four years in the U.S. Air Force. He then settled in Ocala, Florida.

Gastro-esophageal reflux disease or G.E.R.D. is a very common disease. It is often referred to as acid reflux, regurgitation or just plain heartburn. Dr. Steed discussed complications, how to treat the disease and what to watch out for to determine if there is something going on other than the average case of G.E.R.D.

People are affected by acid reflux during 30 to 40 percent of their lifetime. 44% of all Americans get symptoms monthly. 20% will get them weekly and 10% will get symptoms daily. Incidents of this occur as age goes up and as people gain weight.

Focusing in on the top part of the stomach going up to the esophagus, there is a muscle called a sphincter muscle which, when operating normally, releases the food we eat into the stomach. When operating abnormally, the gastric juices go back up and irritate the esophagus. This is what we want to avoid and it is basically how G.E.R.D. occurs. Symptoms include a burning or tightness in your chest, a burning or a bitter taste in the back of your mouth, a burning in your stomach and your mouth starts to salivate, and some people will have difficulty swallowing.

Some atypical features are wheezing, chronic chest pain, dental enamel loss, Globus or fullness sensation in the neck, recurrent laryngitis, and recurrent sore throat. These symptoms often occur after eating a spicy or heavy meal or if you lay down after eating or when you go to sleep. There can be other causes of reflux too, let's say there is stuff in the stomach and it just doesn't empty well enough (delayed gastric emptying) that can be a cause of trouble. If you have decreased salivation from smoking or from medications, or your esophagus is weak or you have some damage to the esophagus, or it just doesn't clear food properly, that can cause reflux. Hiatal hernias can also be a cause of G.E.R.D.

The type of foods we eat can also cause problems. Fatty foods, spicy foods, chocolate, and caffeine products are typical foods that cause reflux. Tobacco can increase your salivation and certain drugs can cause problems.

Most people can treat reflux with over the counter products, but there are certain symptoms that should send up a red flag if you have them and you should see a physician for. them. These include: unintentional weight loss, failure to respond to traditional treatments, wheezing, black or tarry stools, anemia, difficulty swallowing, vomiting or persistent regurgitation and feeling full too soon.

There are complications of reflux. These include esophagitis, scar tissue, strictures, and even cancer. Ten percent of people with reflux disease will get Barretts Esophagitis wherein the cells in the esophagus get replaced by cells that are similar to the stomach,

which is not usual. The problem is that 1 in 200 cases of Barretts Esophagitis will get cancer. People who are most at risk for this are people who have prolonged or poorly controlled G.E.R.D., and are white or Hispanic, a male over the age of 50 or if you smoke.

This can be prevented by going to a Gastro-enterologist and having one of several tests including an upper intestinal evaluation in which you are observed while swallowing barium, or an EGD or esophagoduodenoscopy which is a test that is the gold standard for evaluating gastric diseases. It is an upper endoscopy which involves inserting a tube through the mouth and nose and wearing it for monitoring for 24 hours. Treatment goals are to eliminate symptoms, heal esophagitis, and prevent complications.

Non-prescription treatments for simple reflux include avoiding foods that trigger symptoms, not eating close to bedtime, eliminating smoking and alcohol, raising the head of your bed, weight loss and taking antacids.

Of people with reflux problems, 86% use non-prescription treatments, 80% use antacids such as Maalox, or Tums, and 34% take prescription drugs.

Common over the counter drugs that block type 2 histamines are Pepsid, Zantac and Tagamet. These can be taken every day. Proton pump blocker prescription drugs such as Prilosec, Nexium, and Protonix block 90% of acid reflux. These drugs are best taken 20 to 30 minutes before eating and are usually prescribed over the course of four to eight weeks. It takes approximately 4 days for maximum effect. Major side effects from these drugs include abdominal pain, nausea, diarrhea, and headache. (Always read the flier or warnings on the medication vial before you take any drugs.)

Keeping a diary of symptoms and when you have them is a very effective way to help your doctor treat your acid reflux.

Dr. Steed concluded the program by answering questions. We thank him for taking the time to inform us about acid reflux disease and welcome him as a doctor we can add to our list of preferred physicians.