GERD (Gastroesophageal Reflux Disease)

What is GERD?

GERD is a common condition in which food and acids in the stomach move back (or reflux) into the esophagus. This backward flow can irritate the lining of the esophagus and cause symptoms such as heartburn. GERD is one of the most common GI conditions and can often be managed successfully with lifestyle changes, medications, or in some cases, procedures.

What causes GERD?

- Weakening or inappropriate relaxation of the lower esophageal sphincter (LES)
- Hiatal hernia. Occurs when part of the stomach pushes up into the chest. This worsen reflux and is often seen on endoscopy or imaging
- Delayed stomach emptying
- Increased abdominal pressure (obesity, pregnancy)
- Dietary triggers, such as caffeine, alcohol, spicy foods, acid foods, greasy foods, etc.

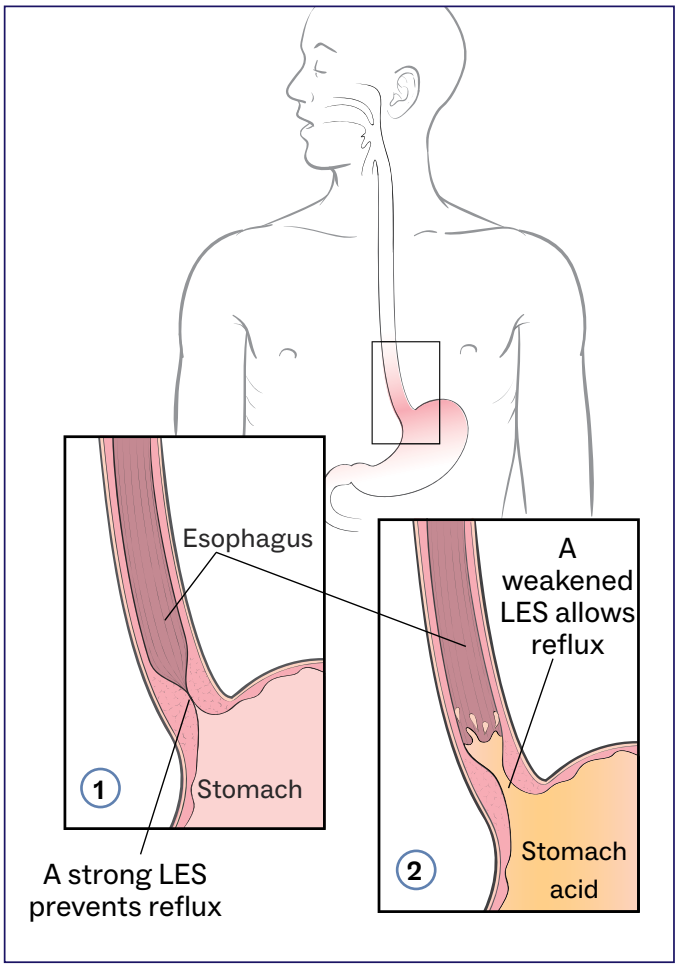
What are the symptoms?

Common symptoms include:

- Heartburn (burning in chest)
- Sour taste or acid in throat
- Chest pain after meals
- Regurgitation of food or liquid
- Difficulty sleeping due to symptoms
- Chronic cough, throat clearing
- Hoarseness

Less common symptoms include:

- Feeling of a lump in the throat
- Excessive belching
- Dental enamel erosion



Severe symptoms include:

These symptoms may indicate complications and require prompt medical evaluation.
Do not ignore!

- Difficulty swallowing (dysphagia)
- Food getting stuck (impaction)
- Unintentional weight loss
- Vomiting blood
- Black or tarry stools
- Persistent chest pain (rule out heart conditions)

If food gets stuck and cannot pass with liquids, go to the emergency room.

How is it diagnosed?

GERD is often diagnosed based on symptoms alone. However, additional testing may be recommended depending on the severity, frequency, or type of symptoms.

- **Upper endoscopy (EGD).** Your doctor examines your esophagus, stomach, and first part of the small intestine with an endoscope. It is used to detect:
  - Inflammation of the esophagus (esophagitis) or stomach (gastritis)
  - Strictures (narrowing)
  - Barrett's esophagus (a precancerous change associated with GERD)
  - Hiatal hernia
- **pH Monitoring.** This test measures how often acid enters the esophagus and correlates reflux episodes with symptoms. It is useful when diagnosis is uncertain.
- **Esophageal manometry.** This test evaluates the muscle function of the esophagus and LES. It is often done before surgery or if swallowing problems exist.

How is GERD treated?

Lifestyle and diet changes

These first-line treatments can significantly reduce symptoms:

- Eating smaller, more frequent meals
- Not lying down for 2 to 3 hours after eating
- Limiting trigger foods, such as:
  - Caffeine
  - Alcohol
  - Spicy foods
  - Citrus
  - Chocolate
  - Peppermint
  - Fatty meals
- Losing weight, if overweight. Even a 5 to 10% loss can improve your symptoms.
- Raising the head of your bed 4 to 6 inches using blocks or wedges

Medications

- **Antacids (TUMs, Gaviscon, Mylanta, Alka-Seltzer Extra Strength, etc):** Immediate relief, but short-acting.
- **H2 blockers (famotidine, etc):** Reduce acid. Helpful for mild, intermittent symptoms.
- **Proton pump inhibitors (omeprazole, pantoprazole, esomeprazole, lansoprazole, dexlansoprazole etc):** Considered most effective. These heal esophagitis and control frequent symptoms. Should be taken before meals for best results. PPIs are generally safe, but long-term use should be reviewed periodically with your doctor.
- **Potassium-competitive acid blockers (vonoprazan):** This medication is used to treat GERD with erosions in the esophagus.

Procedures and surgery

These options are considered if medications fail or complications develop.

- **Fundoplication:** A procedure that tightens the LES to prevent reflux.
- **LINX device:** A magnetic ring is placed around the LES to make it stronger.
- **Endoscopic procedures:** These are minimally invasive options for select patients.

What happens if GERD is not treated?

Complications of untreated GERD include:

- Esophagitis (inflammation of the esophagus)
- Gastritis (inflammation of the stomach)
- Strictures (esophageal narrowing)
- Barrett's esophagus (precancerous change of the esophagus)
- Respiratory issues (asthma, chronic cough)
- Vocal cord damage
- Esophageal cancer

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