



Feeling

the Burn?

By Jane Farrell

Answers to the 6 most

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For years, nutritionist Jen Rackley suffered from persistent upper respiratory infections, coughs and “horrible stomachaches.”

“I ate Tums like candy,” Rackley says. Because of her indigestion, doctors prescribed medicine for a spastic colon, but that didn’t help. Eventually, her physician deciphered her symptoms as GERD, or gastroesophageal reflux disorder—a condition that afflicts 21 million adults in the United States and can lead to major health problems.

But through medical treatment and lifestyle changes, it can be controlled and even eliminated. Here are important things to know about GERD.

1. What Causes It?

GERD occurs because of a malfunction in the digestive system. Normally, food travels from the esophagus to the stomach via a muscle, the lower esophageal sphincter, which acts as a valve, opening to let food into the stomach and closing to prevent acidic contents from backing up into the esophagus.

When the lower esophageal sphincter is weak and doesn’t function as it should, acidic stomach contents leak back (reflux) into the esophagus. This causes a bitter taste in the back of the mouth or a burning sensation, known as heartburn, in the throat or chest.

GERD also can be caused by a hiatal hernia, a condition in which part of the stomach distorts another valve-like muscle known as the esophageal hiatus, disrupting normal digestion.

2. What Are the Symptoms?

The most widely known signs are persistent heartburn or acid regurgitation. But you can have GERD even if you don’t have heartburn, according to the National Institute of Diabetes and Digestive and Kidney Diseases.

Signs can include morning hoarseness, food sticking in the throat, trouble swallowing, bad breath, coughs or chest pain. (Of course, if you do experience severe chest pain, get medical attention right away. Chest pain can be a sign of a heart attack.)

3. When Is It Time to See the Doctor?

Jack DiPalma, M.D., former president of the American College of

Gastroenterology, recommends going to a physician if you are using antacids more than twice a week or if symptoms affect your daily life. For example, Rackley’s cough was so severe that she had to quit competitive swimming.

DiPalma also stresses the importance of giving your doctor a complete picture of your health care. “I like it when a patient brings all their medications so I can see if there’s an injurious drug involved,” he says. “They should bring prescription, over-the-counter, and any alternative or complementary products, even if they don’t think [the medicines] are relevant.”



important questions about acid reflux

4. How Is It Treated?

Antacids (Rolaids, Maalox, Mylanta) are usually recommended first. If they don't work, stronger medicines like H2 blockers (Tagamet, Zantac) can lessen acid production, as can a class of medications called PPIs (proton pump inhibitors), which includes Prilosec and Prevacid.

If you don't respond to these, a doctor can perform diagnostic tests. These include X-rays of the esophagus and stomach; an in-office endoscopy, (an exploration of the esophagus using a flexible tube, or endoscope, which has a tiny camera); and a pH monitoring examination, in which a tube is placed in the esophagus to track acidity levels for 24 hours.

These tests also can detect a severely inflamed esophagus, which may lead to a condition known as Barrett's esophagus. The exact causes of Barrett's esophagus are not known. The American Cancer Society cites Barrett's esophagus as a risk factor for esophageal cancer.

5. What Lifestyle Changes Should You Make?

The most crucial changes, DiPalma says, are to stop smoking and to avoid nonsteroidal anti-inflammatory drugs, such as aspirin, which have been linked to relapses of GERD. The National Institute of Diabetes

Kids Get It, Too

Contrary to popular perception, GERD is not exclusively an illness of older people. An estimated 3 million to 7 million children and adolescents suffer from the condition.

"It seems to be on the rise," says Jan Gambino-Burns, associate director of the Pediatric/Adolescent Gastroesophageal Reflux Association. **"But it's not certain whether that's because it's being more easily identified now, or because of other factors."** Other possible explanations she cites include the increasing obesity rates among children, a lack of exercise and an increase in asthma.

Gambino-Burns says symptoms may not be obvious. Kids who seem fussy may be just bypassing food that gives them indigestion. **"Sometimes certain foods don't taste good,"** she explains, **"so a child will avoid them. He's not being a picky eater; he's being a careful eater."** Other signs, which can be mild or severe, include breathing problems, sour breath and disrupted sleep.

The easiest way to find out if a child may be experiencing acid reflux, Gambino-Burns says, is simply to ask, **"Do you have a yucky taste in your mouth after you eat?"** If the answer is **yes**, parents should take their child to the pediatrician rather than going to the drugstore on their own. **"It's tempting to go to the pharmacy and buy something over the counter,"** she says, **"but a doctor will know which kind of treatment is best."**

and Digestive and Kidney Diseases also recommends avoiding alcohol; losing weight if necessary; eating small, more frequent meals; and avoiding foods that are spicy, acidic (like oranges and tomatoes), fried or high in fat.

Rackley has made similar changes in her life. As a result, she says, "my problems are very well-controlled." Although her GERD has not gone away entirely, she has only occasional flare-ups, and those respond to medication.

Her lifestyle changes also include stress-management techniques and regular exercise. "I'm a big fan of yoga," she says, laughing, "as long as I save the inverted poses for a couple of hours after eating!"

6. What If Nothing Works?

In cases that don't respond to medication or to lifestyle modifications, patients can opt for surgery. A minimally invasive procedure known as a Nissen fundoplication involves wrapping the stomach around the lower esophageal sphincter. Other possibilities involve endoscopic procedures that tighten or strengthen the lower esophageal sphincter. The procedures don't require major recovery time.

DiPalma cautions that even surgery may not entirely eliminate GERD. So it's best to continue with lifestyle changes and possibly medications as needed. Your doctor is the best person to help advise you. ■

Stop the Burn

If you suspect that you or your child is experiencing gastroesophageal reflux disease, talk to your doctor. You also can find more information at reflux.org.