

GERD

Gastro-esophageal reflux disease is a condition affecting between 10 and 20% of the United States population. Commonly referred to GERD, it is often confused with its less severe cousin, heartburn. It is characterized by acid refluxing into the esophagus causing a burning sensation in the mid chest which can radiate up to the neck and into the abdomen. Whereas every experiences occasional heartburn, symptoms that occur more than twice weekly or interfere with your daily routine may be associated with the more advanced form of the disease. GERD can lead to blockages in the esophagus, pneumonia and even cancer.

The work up of GERD includes a good history and physical exam to exclude other diseases which can mimic reflux such as heart, lung and gallbladder disease. Your work up will also most likely include Esophagogastroduodenoscopy or EGD commonly referred to as upper endoscopy. This is an examination of the esophageal and stomach lining that help to identify damage caused by reflux and also evaluates for other disease processes that can co-exist with reflux such as gastritis and ulcers. Specialized test are also employed to assess the amount and degree of reflux a person is experiencing in certain cases.

The good news is that most cases of reflux can be managed with a combination of medications and life style changes. Reflux is primarily about eating; what you eat, when you eat and how much you eat. Obesity is the most significant risk factor that I have observed in over 25 years in medicine. Weight loss alone can greatly reduce reflux and the need for medicines in the vast majority of those who are overweight. Avoiding nicotine and caffeine also will contribute to reduction in reflux as well as timing your meals to avoid lying down with a full stomach.

For some however, medications are required. Several generations of antacids have been proven very effective in the control of reflux. Whereas medication cannot actually stop reflux like live style changes can, they can prevent the serious consequences of the disease. Several surgeries have also shown to be successful in some patients, with a more serious form of the disease. These procedures do actually stop the reflux; however they are not always well tolerated and are certainly not recommended for mild to moderate disease.

Bottom line up front: If you are experiencing heartburn more than two times a week, or an episode last more than a couple of minutes, you should see your doctor. Your symptoms may be from a more serious condition and should be completely evaluated. If proven to be gastro esophageal reflux disease, your provider can offer helpful advice regarding the treatment and management of the disease.

Article Submitted By: Robert C. Campbell, M.D., FACS
Taylor Health Care Group