

# Gastroesophageal Reflux (GERD)

Brown Health Services Patient Education Series

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## What is GERD?

Gastroesophageal reflux, or acid reflux, occurs when the stomach contents back up (reflux) into the esophagus or mouth. This is a common occurrence without bothersome symptoms in most healthy people. In contrast, people with gastroesophageal reflux disease (GERD) experience discomfort or injury to the esophagus as a result of the reflux. The esophagus can be damaged by repetitive, prolonged exposure to the high acidity of stomach contents.

Treatments for GERD are designed to decrease the acidity of the stomach contents while limiting the amount and duration of the reflux.

## What are symptoms of GERD?

The two classic symptoms of GERD are heartburn and regurgitation. Heartburn is a burning sensation in the center of the chest, sometimes spreading to the throat. Regurgitation is a “throwing up” sensation, as if the refluxed stomach content is reaching your mouth or throat. Other common symptoms are: pain in the upper abdomen, chest pain, a sensation of food getting stuck, an acid taste in the throat, and burping.

Less common symptoms are: painful swallowing, persistent hoarseness, persistent sore throat, chronic cough, and the sense of a lump in the throat.

You should seek medical help if you have difficulty or pain with swallowing, unexplained weight loss, chest pain, choking, or bleeding (i.e. vomiting blood or having dark/tarry stools).

## How is GERD diagnosed?

GERD is diagnosed by a medical provider based on the history of your symptoms and your response to treatment. Your provider will also rule out other causes of non-classical symptoms such as chest pain and chronic cough.

Although endoscopy - inserting a lighted tube into the esophagus - can diagnose GERD, it is usually reserved for people who fail standard treatment with medications or who have severe or “alarm” symptoms (eg. weight loss, dark tarry stools, bloody vomiting, difficulty or pain with swallowing). Endoscopy is typically used to ensure there is not a more serious cause of symptoms.

## How is GERD treated?

- Mild GERD is treated with lifestyle changes and non-prescription medicines.
- Medications can include antacids or a group of medicines known as histamine-2 blockers (H2 blockers).
- Moderate to severe GERD and mild GERD, if unresponsive to histamine-2 blockers and lifestyle changes, may be treated with a different class of medicines called proton pump inhibitors (PPIs).

## Lifestyle treatments for GERD

Lifestyle changes that are the most helpful are:

- Maintain weight in a healthy range
- Avoid large or late meals
- Avoid laying flat for 2-3 hours after meals
- For people with night time heartburn or laryngeal symptoms (cough, throat clearing) elevate the head of the bed 6-8 inches on blocks or with a wedge under the mattress

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- Avoid acid reflux-inducing foods including:
  - alcohol, caffeine, chocolate, peppermint, fatty foods, onions, tomato, spicy foods, or carbonated beverages
  - *Note:* Each individual has their own dietary triggers
- Stop smoking
- Chew gum or have oral lozenges; this may help to increase saliva which neutralizes stomach acid
  - *Note:* avoid sugarless gum with sorbitol, as this can increase gas

### **Complications of untreated long term GERD**

Untreated GERD is uncomfortable and may lead to long term consequences as a result of repeated, prolonged exposure to the acidic refluxed stomach contents. Some consequences may include: esophageal scar tissue, narrowing of the esophagus, precancerous changes in the esophagus, asthma, chronic laryngitis, and chronic cough. Make an appointment with a provider if you have symptoms of GERD to discuss what treatment may be best for you.

### **Medications for GERD**

Antacids are non-prescription medications used for mild acid reflux. Examples include Tums, Maalox, or Mylanta (in liquid or pill form). These medicines neutralize stomach acid quickly but briefly.

Histamine-2 blockers reduce the production of acid in the stomach. They work fairly quickly and are effective for many at decreasing the severity and regularity of heartburn. Examples of H2 blockers are famotidine (Pepcid), cimetidine (Tagamet) and nizatidine (Axid). Most are available over the counter and also in prescription strengths from your provider.

PPIs are very effective at reducing the production of stomach acid. Examples are: omeprazole (Prilosec), esomeprazole (Nexium), lansoprazole (Prevacid), pantoprazole (Protonix), and rabeprazole (Aciphex). For optimum effectiveness, PPIs should be taken on an empty stomach before the first meal of the day. In some cases, under the direction of your provider, a second dose may need to be given before the evening meal. PPIs are not taken on an “as needed” basis because it takes several days to reach their maximum effective level. PPIs are generally safe but there are risks with long-term use. Therefore, your healthcare provider will guide you on the best and lowest dose, the length of treatment, and if/when additional treatment is needed.