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What is GERD or Gastroesophageal reflux disease

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Most people know gastroesophageal reflux disease (GERD) by its most common symptom: heartburn.

GERD occurs when the muscle that connects the esophagus to the stomach fails to do its job. This muscle is called the lower esophageal sphincter. Normally, it opens to allow food to pass into the stomach, then closes to keep food and acidic stomach juices from flowing back into the esophagus. When the sphincter relaxes too much, irritating stomach fluids surge up into the esophagus, sometimes causing inflammation and the painful burning sensation behind the breastbone known as heartburn.

Heartburn can be extremely painful, but it is not a serious threat to your health.



Symptoms of GERD

Heartburn is the most common symptom of GERD. The burning sensation is usually felt in the chest just behind the breastbone. It often extends from the lower end of the rib cage to the root of the neck and can last for hours.

Other symptoms of GERD may include:

- tightness in your chest or upper abdomen
- backflow of sour, stinging, stomach fluids into your mouth
- nausea
- recurring sour or bitter taste in the mouth
- difficulty swallowing
- hoarseness, especially in the morning
- sore throat
- coughing, wheezing or repeatedly needing to clear your throat

Diagnosing GERD

Your description of your pain and other symptoms, as well as your overall health, are important to making a diagnosis. Your doctor might ask whether your symptoms are worse after you eat a heavy meal or known dietary troublemakers such as high-fat foods or dairy products. He or she might also ask if bending over to tie your shoelaces or lying down aggravates the symptoms, and whether the pain seems linked to anxiety or stress.

For typical reflux symptoms, doctors often forgo diagnostic tests and proceed straight to treatment.

More serious reflux symptoms, such as bleeding from the esophagus or swallowing problems, might warrant further investigation. Individuals who don't find relief with medications might also benefit from testing.

Treating GERD

Self-help

Diet and lifestyle changes are the foundation for treating the symptoms of reflux:

Eat smaller meals. A large meal remains in the stomach for several hours, increasing the chances for reflux. Eat several small meals throughout the day, rather than three large meals.

Relax when you eat. Stress increases the production of stomach acid. Make meals a pleasant, relaxing experience. Sit down. Eat slowly. Chew completely. Play soothing music.

Relax between meals. Relaxation therapies such as deep breathing, meditation, massage, tai chi, or yoga may help prevent and relieve heartburn.

Remain upright after eating. Remain upright for at least three hours after eating. During this time, don't bend over, strain to lift heavy objects, or lie down.

Avoid eating within three hours of going to bed. Do not eat just before bedtime.

Lose weight, if needed. Extra pounds increase pressure on the stomach and can push acid into the esophagus.

Loosen up. Avoid tight belts, waistbands, and other clothing that puts pressure on your stomach.

Avoid foods that burn. Avoid foods that can trigger reflux. These include:

- high-fat foods
- spicy dishes
- tomatoes and tomato products
- citrus fruits
- garlic and onions
- milk
- carbonated drinks
- coffee (including decaf) and tea
- chocolate
- mints
- alcohol

Don't smoke. Nicotine stimulates stomach acid and affects the function of the lower esophageal sphincter.

Chew gum. This increases saliva production, soothing the esophagus and washing acid back down to the stomach.

Ask your doctor about your medications. Certain drugs can cause heartburn. These include aspirin and other nonsteroidal anti-inflammatory drugs, oral contraceptives, estrogen therapy, narcotics, certain antidepressants, and some asthma medications.

Raise the head of your bed. If you're bothered by nighttime heartburn, elevate the head of your bed by placing a wedge (available in medical supply stores) under your upper body. Don't elevate your head with extra pillows. That makes reflux worse by bending you at the waist and compressing your stomach.

Exercise wisely. Wait at least two hours after a meal before exercising.

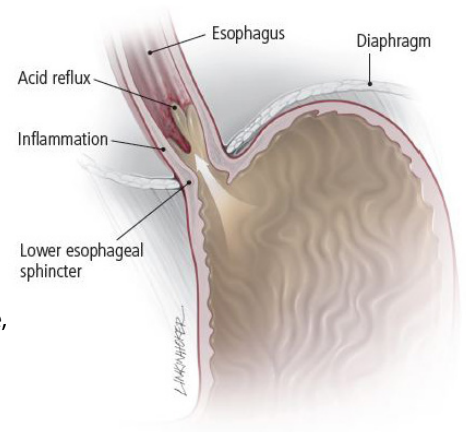
Medications

Several medications are used to treat GERD.

Proton pump inhibitors. These are often recommended first for frequent, uncomplicated heartburn. Proton pump inhibitors work by blocking an enzyme in the stomach that produces acid. They are available over the counter or by prescription.

Histamine H2-receptor antagonists (H2 blockers). H2 blockers are often effective for symptoms that don't respond to antacids or lifestyle changes. They are also useful for long-term maintenance after a course of proton pump inhibitors has eased symptoms. H2 blockers act directly on the stomach's acid-secreting cells to stop them from making acid. They are widely available either by prescription or over the counter.

Antacids. These inexpensive over-the-counter remedies neutralize digestive acids in the stomach and esophagus, at least in mild cases of heartburn. The best time to take an antacid is after a meal or when symptoms occur.



Prokinetic agents. Prokinetics help empty the stomach of acids and fluids. They can also improve muscle tone in the lower esophageal sphincter. These medications are used mainly when GERD is caused by the stomach emptying slowly.

Table: Drugs used to treat GERD

Pregnant or nursing women should not take these drugs, except on the specific advice of a physician.

Antacids

Active ingredients*	Brand names	Use	Side effects	Comments
alumina, aluminum carbonate, aluminum hydroxide	Amphojel, Gaviscon, Maalox, Mylanta	Relieve heartburn and functional dyspepsia pain, and promote ulcer healing by neutralizing stomach acid	Constipation; diarrhea; excessive and prolonged doses may cause bone pain, feeling of discomfort, appetite loss, mood changes, muscle weakness	Should not be used by people with moderate to severe kidney disease; should not be taken within three to four hours of taking a tetracycline-type antibiotic
calcium carbonate	Alka-Mints, Caltrate, Rolaids, Tums		Chalky taste; constipation; excessive and prolonged doses may cause difficult, painful, or frequent urination, appetite loss, mood changes, muscle pain or twitching, nausea, restlessness, unpleasant taste	Side effects more likely for people with kidney disease
magnesia, magnesium carbonate, magnesium hydroxide, magnesium trisilicate	Gaviscon, Gelusil, Maalox, Mylanta, Phillips' Milk of Magnesia		Chalky taste; diarrhea; excessive and prolonged doses may cause difficult or painful urination, dizziness, irregular heartbeat, loss of appetite, mood changes, muscle weakness	Side effects more likely for people with kidney disease; do not use within three to four hours of taking tetracycline-type antibiotics
sodium bicarbonate	Alka-Seltzer, baking soda		Abdominal fullness; belching; excessive and prolonged doses may cause frequent urge to urinate, mood changes, muscle pain, nausea, restlessness	Not advisable for people on low-sodium diets; side effects more likely for people with kidney disease

*Most over-the-counter antacids contain two or more of these active ingredients.

Histamine H2-receptor antagonists

Generic name	Brand name	Use	Side effects	Comments
cimetidine	generic, Tagamet	Relieve heartburn and functional dyspepsia pain, and promote	Rarely, may cause diarrhea, constipation, dizziness, anxiety, depression, drowsiness, sleeplessness, headache, irregular heartbeat,	May interfere with the absorption of anticoagulants, antidepressants, and hypertension medications

famotidine	generic, Pepcid	ulcer healing by decreasing stomach acid	increased sweating, burning, itching, redness of skin, fever, confusion in ill or elderly people	No serious drug interactions known
nizatidine	generic, Axid			
ranitidine	generic, Zantac			At high doses may interact with anticoagulants

Prokinetic agents

Generic name	Brand name	Use	Side effects	Comments
metoclopramide	generic, Reglan	Speeds stomach emptying	Diarrhea; less frequently, may cause involuntary movement of limbs, restlessness, drowsiness, muscle tremor, spasms, breast discharge	Increases the effects of alcohol and other depressants; caution advised for individuals with type 1 diabetes or Parkinson's disease

Proton pump inhibitors

Generic name	Brand name	Use	Side effects	Comments
lansoprazole	generic, Prevacid	Treat reflux esophagitis and promote peptic ulcer healing by suppressing secretion of stomach acid	Headache, diarrhea, abdominal discomfort, gas, nausea	Prolonged use may lead to low blood levels of vitamin B12 and magnesium, and thinner bones
omeprazole	generic, Prilosec, Zegerid			
rabeprazole	Aciphex			
pantoprazole	generic, Protonix			
dexlansoprazole	Dexilant			
esomeprazole	Nexium			

Herbal remedies

Herbs and other natural remedies may be helpful for treating heartburn symptoms.

Chamomile. A cup of chamomile tea may have a soothing effect on the digestive tract.

Ginger. The root of the ginger plant is another well-known herbal digestive aid. It has been a folk remedy for heartburn for centuries.

Licorice. This remedy has proved effective in several studies. Licorice is said to increase the mucous coating of the esophageal lining, helping it resist the irritating effects of stomach acid. Deglycyrrhizinated licorice is available in pill or liquid form. It is considered safe to take indefinitely.

Surgery

Most cases of GERD can be managed successfully with lifestyle changes and medications. But for some people, surgery is a good option.


The goal of surgery is to tighten the lower esophageal sphincter. The operations are generally effective and can eliminate the need for all GERD medications for some time. Eventually, however, many people need to resume medications and, in a small number of cases, undergo surgery to redo the procedure.

Fundoplication. The most common antireflux operation is the Nissen (360-degree) fundoplication. This procedure involves grabbing a portion of the top of the stomach and looping it around the lower end of the esophagus and lower esophageal sphincter to create an artificial sphincter. It prevents stomach acid from backing up into the esophagus.

Partial fundoplication, in which the stomach is wrapped only partway around the esophagus, is another option.

Today, most surgeons perform fundoplication as a laparoscopic procedure. That means special instruments and cameras are inserted into tiny incisions in the upper abdomen.

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