

D. Landon Allen, MD MPH, MBA  
Physician and Managing Member  
Dr.Allen@NewRiverFamilyWellness.com

420 E 2<sup>nd</sup> St., West Jefferson, NC 28694  
(P) 336-489-4400



Caitlin M. Sullivan, MD  
Physician and Member  
Dr.Sullivan@NewRiverFamilyWellness.com

www.NewRiverFamilyWellness.com  
(F) 336-489-4500

## **Reflux and GERD Management**

Gastroesophageal reflux, also called "acid reflux," occurs when the stomach contents back up into the esophagus and/or mouth. Occasional reflux is normal and can happen in healthy infants, children, and adults, most often after eating a meal. Most episodes are brief and do not cause bothersome symptoms or complications.

In contrast, people with gastroesophageal reflux disease (GERD) experience bothersome symptoms or damage to the esophagus as a result of acid reflux. Symptoms of GERD can include heartburn, regurgitation, and difficulty or pain with swallowing.

### **GERD Risk Factors:**

- Hiatal hernia: This is a condition in which part of the upper stomach pushes up through the diaphragm.
- Obesity: People who are obese or overweight seem to have an increased risk of GERD; this is thought to be related to increased pressure in the abdomen.
- Pregnancy: Many women experience acid reflux during pregnancy. This usually resolves after delivery, and complications are rare.
- Lifestyle factors and medications: Some foods (including fatty foods, chocolate, and peppermint), caffeine, alcohol, and cigarette smoking can all cause acid reflux and GERD. Certain medications also increase the risk.

### **GERD Symptoms:**

- Heartburn: This typically feels like a burning sensation in the center of the chest, which sometimes spreads to the throat. It most often happens after a meal.
- Regurgitation: This is when stomach contents (acid mixed with bits of undigested food) flow back into your mouth or throat.
- Stomach pain (pain in the upper abdomen)
- Chest pain
- Difficulty swallowing (called dysphagia) or pain on swallowing (called odynophagia)
- Persistent laryngitis/hoarseness (due to the acid irritating the vocal cords)
- Persistent sore throat or cough
- Sense of a lump in the throat
- Nausea and/or vomiting

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## Is there anything I can do on my own to feel better?

Yes. You might feel better if you:

- Lose weight (if you are overweight)
- Raise the head of your bed by 6 to 8 inches: You can do this by putting blocks of wood or rubber under 2 legs of the bed or a foam wedge under the mattress.
- Avoid foods that make your symptoms worse: For some people these include coffee, chocolate, alcohol, peppermint, and fatty foods.
- Stop smoking, if you smoke
- Avoid late meals: Lying down with a full stomach can make reflux worse. Try to plan meals for at least 2 to 3 hours before bedtime.
- Avoid tight clothing: Some people feel better if they wear comfortable clothing that does not squeeze the stomach area.
- Wearing loose, comfortable clothing

## Medications for GERD Treatment:

- **Mild symptoms:** In addition to lifestyle changes, the initial treatment of mild GERD includes the use of non-prescription antacids or histamine receptor antagonists.
  - **Antacids:** Antacids (sample brand names: Tums, Maalox) neutralize stomach acid and are commonly used for short-term relief of heartburn symptoms. While they start working quickly, the neutralizing effect only lasts for about 30 to 60 minutes after each dose.
  - **Histamine receptor antagonists:** The histamine antagonists reduce production of acid in the stomach and are more effective than antacids in relieving heartburn, and their effects last for longer; however, they are not usually adequate for the treatment of severe or frequent symptoms. Examples of histamine antagonists include cimetidine (Tagamet), famotidine (Pepcid), and nizatidine (Axid).
- **Moderate to severe symptoms:** People with more severe or frequent symptoms, complications related to GERD, or mild symptoms that have not responded to the above medications usually require treatment with a medication called a proton pump inhibitor. Lifestyle changes can help as well.

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- **Proton pump inhibitors:** Proton pump inhibitors (PPIs) are the most effective medications for reducing stomach acid. They include dexlansoprazole (Dexilant), esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), and rabeprazole (AcipHex). Some PPIs are available over-the-counter, although higher doses may require a prescription.
- Once your doctor determines the optimal dose and type of PPI for you, you will probably continue taking it for approximately eight weeks. After this, most people can stop taking the PPI. Further treatment depends on whether and when symptoms return
- PPIs are safe, although they may be expensive, especially if taken for a long period of time. Long-term risks of PPIs may include an increased risk of certain gut infections or reduced absorption of minerals and nutrients. In general, these risks are small. However, even a small risk emphasizes the need to take the lowest possible dose for the shortest possible time.

### **When to seek help:**

Over time, GERD can lead to complications. These include problems related to esophageal damage as well as other issues. The following signs and symptoms may indicate a more serious problem. Tell your health care provider right away if you:

- Have difficulty or pain with swallowing or feel like food gets stuck in your throat
- Have no appetite or lose weight without trying
- Have chest pain
- Feel like you are choking
- Have signs of bleeding in the gastrointestinal tract, such as blood in your vomit or dark-colored vomit that looks like coffee grounds or black stools
- Have persistent vomiting
- Have new stomach pain and are age 60 or older