

# SHORELINE ALLERGY & ASTHMA ASSOCIATES, LLP

23 CLARA DRIVE  
MYSTIC, CT 06355  
860-536-2995

BILLING DEPT: 860-536-8375

314 FLANDERS ROAD.  
EAST LYME, CT 06333  
860-739-3011

## GASTRO-ESOPHAGEAL REFLUX

Nearly everyone has experienced symptoms of acid reflux in the esophagus: a burning discomfort in the chest or in the upper abdomen. This usually occurs after eating a large meal, and is worse when lying down. Acid reflux can also cause frequent burping or a sour, salty, or bitter fluid to regurgitate into the throat or mouth. Sometimes reflux irritates the esophagus or even enters the lungs, causing a nighttime cough, hoarseness, sore throat, nasal congestion, pneumonia, or worsening asthma.

Diagnosing and treating acid reflux is particularly important for patients with asthma, because reflux is three times more common in asthma sufferers, it makes asthma worse, and treating it often improves asthma symptoms.

Everyone has mild acid reflux at times, but normally the esophagus clears this fluid with muscle contractions that force it back into the stomach. Patients prone to heartburn have more frequent episodes of reflux and are unable to clear the fluid normally. A muscular ring (called the “lower esophageal sphincter”) between the stomach and the esophagus acts as a barrier to reflux, but is unusually weak in patients with reflux.

Persistent or severe acid reflux can lead to a number of complications, including esophagitis (inflammation of the esophageal lining), ulceration, strictures (scars that narrow the esophagus), and occasionally Barrett’s epithelium, a potentially dangerous pre-cancerous change in the lining of the esophagus.

The reasons for reflux are not entirely known, but a protrusion of the stomach into the chest cavity called a hiatal hernia makes reflux more likely to occur. However, many patients with reflux do not have a hiatal hernia, and most people with a hiatal hernia have no symptoms.

Patients with symptoms from reflux or complications such as increased asthma usually require medications, dietary changes, and lifestyle modifications to control symptoms. The following suggestions will relieve symptoms and improve complications in most patients, but not in everyone:

- LOSE WEIGHT – patients who are overweight are much more prone to reflux. Losing weight reduces the tendency for reflux to occur. It also helps to avoid tight clothing such as girdles, which increase stomach pressure.
- GO TO BED ON AN EMPTY STOMACH – eating late at night leaves the stomach full, increasing the likelihood of acid reflux when you lie down. An empty stomach is essential to reduce nighttime symptoms. That means nothing by mouth for at least two hours before bedtime.

- AVOID FOODS THAT AGGRAVATE REFLUX – these include:
  - fatty, fried, or greasy foods
  - alcohol
  - caffeine (coffee, tea, some soft drinks)
  - chocolate
  - carbonated beverages
  - acidic foods such as citrus
- AVOID OR MINIMIZE MEDICINES THAT AGGRAVATE REFLUX (IF POSSIBLE) – especially theophylline (for asthma), estrogen, nitrites (for angina), and aspirin-type medications such as ibuprofen.
- STOP SMOKING – nicotine both weakens lower esophageal sphincter pressure and increases stomach acid production.
- ELEVATE THE HEAD OF THE BED THREE INCHES – a slight slant in the bed allows gravity to drain refluxed fluids from the esophagus. Small wooden blocks under the head of the bed are more effective than adding extra pillows. Activities like bending over or straining also promote increased reflux and should be avoided.
- TAKE THE MEDICATIONS YOUR DOCTOR PRESCRIBES – antacids (Tums, Maalox) help neutralize stomach acids, but their effect is temporary. Two more effective medicines actually reduce stomach acid production: **H2 blockers** (Tagamet, Zantac, Pepcid, Axid) and the even stronger **proton pump inhibitors** (Prilosec, Prevacid). Another kind of medicine (Reglan, Propulsid) helps tighten the lower esophageal sphincter, clear the esophagus of fluid, and empty the stomach.

If your symptoms are persistent, or if you develop complications such as vomiting, severe pain, bleeding, or difficulty swallowing, be sure to notify your physician. Any of these problems can indicate a serious condition, and consultation with a digestive specialist or rarely even surgical correction may be necessary.