



Is It Heartburn, or GERD?

ALTHOUGH THE TERMS “HEARTBURN” AND “GERD” ARE OFTEN USED INTERCHANGEABLY, THESE TWO CONDITIONS ARE DIFFERENT IN BOTH SEVERITY AND TREATMENT.

BY MARK CANTRELL

YOU’VE GOT A BURNING SENSATION IN YOUR LOWER CHEST THAT just won’t quit. Your throat is sore, and there’s a bitter taste in the back of your throat. Lying down just makes things worse. Taking over-the-counter antacids works for a while, but the pain keeps returning. It’s just a little heartburn, you tell yourself; it’ll go away on its own. While that may be true, chronic heartburn could be an indicator of something more serious: gastroesophageal reflux disease, or GERD.

There’s a misconception that people with recurring heartburn produce too much stomach acid. In truth, “most people with GERD secrete normal amounts of acid,” says Lawrence Schiller, MD, interim chief of the division of gastroenterology and gastroenterologist on the medical staff at Baylor University Medical Center at Dallas. “The problem starts when you have stomach acid in the esophagus for too long. This produces damage to the esophageal lining.”

The Mechanics of GERD

When you have GERD, stomach acid is able to enter the esophagus, especially while you’re lying down, because of a malfunction in the lower esophageal sphincter that normally acts as a natural reflux barrier. One of the most common causes of

GERD is a hiatal hernia, in which the stomach bulges up into the chest through the hiatus, a hole in your diaphragm that the esophagus passes through. The hernia may allow stomach acid to enter the esophagus more easily, a process called reflux.

“In people with hiatal hernias, that natural barrier is completely gone,” says Steven Leeds, MD, a surgeon and a physician on the medical staff at Baylor University Medical Center at Dallas. “Just because you’re not feeling symptoms doesn’t mean you’re not refluxing.” In fact, a lack of symptoms may cause those with GERD to delay seeking treatment, but that would be a mistake, says Dr. Schiller, who notes that untreated GERD can lead to problems other than heartburn, such as a cough, asthma, sore throat, hoarseness or even sinus issues.

“Patients generally see their doctors when they reach the point where they can’t bend over and tie their shoes without their stomach contents coming up into their throats,” says Dr. Leeds. “They can’t eat what they want, and they can’t go to the gym and work out as they used to because the reflux has gotten so bad.” Stomach acid that remains in the esophagus for an extended period can eat away at the lining, resulting in a condition called erosive esophagitis. With enough damage, esophageal ulcers – open sores in the esophageal lining – can develop.

With repeated exposure to stomach acid, cells in the esophageal

Help for Hard-to-treat Cases

Nearly a third of GERD patients don't respond well to medication, due to a number of factors. Age and obesity can worsen symptoms, rendering medications less effective. The worse symptoms become, the more resistant they are to treatment. Some patients would rather not take PPIs because of potential side effects.

"Once PPIs are no longer an option, some physicians might say, 'I don't have much more to offer.' But there are other options, surgery being one of them," says Steven Leeds, MD, a surgeon and a physician on the medical staff at Baylor University Medical Center at Dallas. "To treat these symptoms surgically, the gold standard is fundoplication, in which the fundus [upper portion] of the stomach is wrapped around the esophagus, recreating a reflux barrier. There's also a device using a magnetic bead ring under development that fits around the bottom of the esophagus, expanding to allow food through and then contracting to prevent reflux."

Of course, not all GERD patients will need surgery, but there are options available for those who do. "If a patient's quality of life is good despite some heartburn, it's likely they don't need surgery," Dr. Leeds says. "But if symptoms are significant, surgery may be a reasonable option."



lining can begin to change. Barrett's esophagus is a condition in which the esophagus, the tube that carries food and saliva from the mouth to the stomach, changes so that some of its lining is replaced by a type of tissue similar to that normally found in the intestine. This process is called intestinal metaplasia.

Barrett's esophagus creates an elevated risk of esophageal cancer, although only a small percentage of Barrett's patients develop a malignancy. Still, patients with the condition should have their physicians keep a close watch for any changes, since they have a greater risk of developing esophageal cancer, according to Dr. Leeds.

A Range of Treatments

Fortunately, the majority of GERD patients can greatly improve their outlook through changes in lifestyle and the use of over-the-counter medications. Dr. Leeds says that lifestyle changes are most important to help prevent that sphincter from opening in the first place. He recommends elevating the head of your bed a few inches to keep stomach acid where it belongs.

And Dr. Schiller notes that adjusting the size and content of your meals is essential. "Patients should consume smaller meals, de-emphasizing fats," he advises. "Food stimulates gastric acid

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secretion, so a bedtime snack could accelerate your stomach's acid level for hours." Losing weight can also help reduce symptoms of GERD.

Most physicians begin treatment with non-prescription antacids such as Tums® or Maalox®, progressing to a class of drugs known as H2 blockers if needed. Cimetidine and ranitidine are examples. The next step is a proton pump inhibitor (PPI) such as omeprazole. Like all medications, H2 blockers and PPIs have side effects. Recent research indicates that PPIs rarely may reduce bone density and lead to diarrhea. Drug therapy works well for most of the millions of people whose quality of life has been reduced by GERD. For those in whom medications are ineffective or not tolerated well, surgery can be helpful. ☘



POINTS OF CONTACT

For a physician referral to a gastroenterologist, visit BaylorHealth.com/DallasDigestiveCare or call 1-800-4BAYLOR.

For general information or to take a quiz to see if you have the symptoms of GERD, visit the National Institutes of Health website at nih.gov and search for "GERD."