

NEED TO KNOW?

YOUR QUESTIONS ANSWERED

Acid reflux and pregnancy

Q Since becoming pregnant, I've experienced unbearable acid reflux and heartburn. What causes this and what can I do to relieve it?

Dr. Hurowitz answers: Acid reflux is the regurgitation of acid your stomach produces into the esophagus. The most common symptom of this is heartburn or an acidic, burning sensation behind the breastbone. Up to 65% of pregnant women suffer from acid reflux.

One of the things that may be causing it is the uterus pushing the stomach upwards as pregnancy advances.

Hormonal changes during pregnancy can also be a factor. The lower esophageal sphincter, a small ring between the stomach and esophagus, usually acts as a gate and prevents acid reflux from occurring. Excess estrogen and progesterone produced during pregnancy can weaken this barrier.

Several lifestyle changes can help in reducing or preventing symptoms: Avoid foods that are fried or fatty. If you smoke, stop. Stay away from chocolate, coffee, tea and mints. Eat smaller and more frequent meals. Raise the head of your bed on 4-6 inch blocks. Eat your last meal at least 3 hours before going to bed. Finally, don't lie down immediately after meals.

If your symptoms still bother you, try antacids that neutralize acid. Over-the-counter (OTC) medications contain calcium, aluminum and magnesium, which can be taken during

pregnancy. Antacids are best taken one hour before meals and at bedtime but can be taken on demand as well.

Medications that decrease the amount of acid produced in the stomach include cimetidine, famotidine and ranitidine. Some of these are available OTC and they can be taken alone or in combination with antacids. Others are available by prescription only.



Proton pump inhibitors are more potent acid suppressing medications that are only available by prescription. Some popular examples include esomeprazole, lansoprazole, omeprazole, pantoprazole and rabeprazole. These medications have not been studied for as long and you should avoid using them until after discussion with your doctor to weigh out the risks and benefits.

Dr. Eric Hurowitz is a gastroenterologist and head of the endoscopy committee at The Scarborough Hospital. He's also a clinician at Sunnybrook and Women's Health Sciences Centre.



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Chest pain

Q I'm a 56-year-old man who exercises regularly and is on anti hypertensive medication. I've been experiencing a lot of chest pain lately, and I'm starting to get worried. Should I be doing something about this?

Dr. Wong replies: Posted in my office is a list of "alarm symptoms": things that require my immediate attention, regardless of the original problem presented by the patient. Chest pain is at the top of the list.

High blood pressure, or hypertension, damages blood vessels and organs, including the eyes, kidneys, heart and brain. People with hypertension are at increased risk for strokes, heart attacks, heart failure, kidney failure, dementia, blindness and peripheral atherosclerosis (decreased blood flow to the extremities).

There are two heart-related reasons why a man over 50 with high blood pressure would be experiencing chest pain. One is angina, which is chest pain caused by decreased blood flow to the heart muscle. A second possibility is a heart attack, caused by a dying heart muscle due to a blocked coronary artery. Another possibility is that the chest pain is unrelated to a heart problem and could be due to heartburn

or a gallbladder problem, but cardiac causes are the most important and urgent ones to rule out.

The classical description of angina is squeezing chest pain that worsens with exertion or anxiety and decreases with rest. This may or may not be accompanied by nausea, sweating or pain in the neck or arm.

Not everyone experiencing an acute cardiac event will present with this pattern. People with diabetes and women may experience no chest pain at all but instead will feel nauseous, have a shortness of breath, a cold sweat, or pain in the throat or arm.

So the short answer to your question is to see a physician today, and don't stop by the gym on the way. There may be other reasons for the pain you are experiencing, like indigestion, gallbladder disease, heartburn, muscle strain or a lung condition. But you'll want to be sure it's not angina or a heart attack. A quick visit to your doctor should clear that up.

Dr. Davidicus Wong is a family physician in Vancouver, Head of the Department of Family Practice and Chair of the Ethical Resources Committee at Burnaby Hospital. He also writes a regular column for Vancouver, Burnaby and New Westminster newspapers.



Cholesterol & your habits

Q Do smoking and drinking have any effect on my lipid profile?

Dr. Cheng responds: Yes, both these habits impact your lipid profile.

Everyone needs adequate levels of High Density Lipoprotein, HDL cholesterol, the so-called "good cholesterol". Not enough HDL in the blood means you have a higher risk of developing heart disease.

In addition to all the other dangers associated with cigarettes, smoking for

as little as a few weeks can temporarily cause a big drop in HDL cholesterol, meaning you're more likely to develop heart disease than if you didn't smoke. No one's quite sure how or why this happens, but it's clear that stopping smoking reverses this process within a few weeks, and HDL cholesterol levels return to normal — more quickly and effectively than with medication.

Alcohol can have both negative and positive effects on your lipid profile. On the negative side, alcohol can increase

levels of fats or triglycerides in some people. Alcohol is a source of calories with little nutritional value, contributing to weight gain and obesity, which can further raise triglyceride levels. Very high triglycerides can cause pancreatitis, a serious and potentially fatal inflammation of the pancreas.

On the other hand, small amounts of alcohol can have positive effects on lipids, as they increase HDL cholesterol.

But if alcohol use causes an increase in triglycerides, then the negative effects

Asthma action plans



Do I need a plan to manage asthma worsening?

Dr. FitzGerald replies: An action plan maps out how you'll treat your asthma symptoms on a regular basis and what you'll do in situations where it worsens. If you don't already have an asthma action plan, talk to your doctor about helping you prepare one.

Action plans emphasize the need for regular preventive therapies that will usually be inhaled corticosteroids (ICS). Prevention therapies like these are taken regularly, even when there are no symptoms, to help stop swelling of the airways. They aim to stop asthma before it even starts.

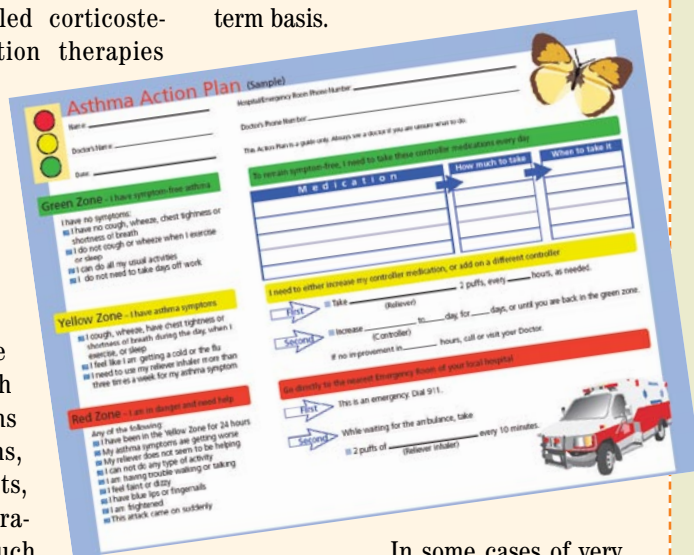
Asthma is a disease that can worsen with exposure to allergens (trees, grass pollens, house dust mite, pets, etc.) and with respiratory tract infections, such as bronchitis, sinus infections or even the common cold. In the past, doctors recommended that patients double their dose of inhaled corticosteroids when asthma worsens, but we now know that this strategy doesn't always work. Studies from the emergency room show that quadrupling the dose of inhaled corticosteroids is likely to be effective, but more research needs to be done to confirm this.

Many people are now taking combination therapies that combine an inhaled corticosteroid and a bronchodilator, which helps keep airways open for up to twelve hours.

People taking Advair® can, under their doctors' supervision, gradually increase the dose until control is achieved.

People taking Symbicort® can address worsening of asthma by quadrupling their dose of one inhalation twice a day. If you're taking two inhalations twice a day, there's no need to quadruple your dose, as doubling is equally as effective. Ultimately, four puffs two times a day is effective to deter severe attacks.

Both treatments (Symbicort and Advair) are associated with better control of asthma when used over a long-term basis.



In some cases of very severe attacks, a short course of prednisone may be necessary, but most people will be able to manage their symptoms with one of the strategies mentioned above.

Having an asthma action plan can empower you to better manage your asthma symptoms, prevent severe attacks and deal with situations when your asthma worsens. Start working on your asthma action plan available at www.asthma.ca and bring it in to your doctor for discussion. 📄

Dr. Mark FitzGerald is a respiratory physician at Vancouver General Hospital.

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outweigh the positive ones and alcohol consumption should be stopped.

If you smoke and drink and are worried about your HDL and triglyceride levels, keep your alcohol intake to a minimum and talk to your doctor about different options available to help you cut down or quit smoking.

Dr. Alice Cheng is an assistant professor at the University of Toronto and a specialist in endocrinology and metabolism at St. Michael's Hospital in Toronto.