

ENOUGH IS ENOUGH!



Treatment should aim to eliminate acid reflux

by Dr. Pierre Paré

THERE IT IS AGAIN. That horrible, burning sensation in the back of your throat. It feels like acid spilling up. Could it have anything to do with the fish and chips you just ate? You shrug it off, it's probably just normal heartburn again, right? Wrong. If you experience these symptoms regularly and they're interfering with your life, it's time to talk to your doctor before more serious complications occur.

Dr. Pierre Paré is a specialist in Internal Medicine and Gastroenterology at the Hôpital du Saint-Sacrement in Quebec City. He is a Professor of Medicine at Laval University.

Most people don't even realize they could be suffering from a treatable and common disease called gastroesophageal reflux disease (GERD). Instead, they suffer through the symptoms or take short-acting over-the-counter medications that aren't intended to treat GERD. Almost 20% of people in the U.S. experience heartburn or acid regurgitation, the major symptoms of GERD, at least once a week.

Symptoms?

The typical symptoms of GERD are heartburn (a burning pain in

the middle of the chest rising toward the throat) and acid regurgitation (a feeling of sour or acid liquid rising in the throat). Many people also suffer from "atypical" or "extra-esophageal" symptoms that aren't related to the esophagus, such as squeezing chest pain that feels like a heart attack, unexplained cough and sore throat.

What's going on?

The lower esophageal sphincter (LES) is a ring-like muscle between the esophagus and stomach. In people not suffering from GERD, the sphincter opens to allow food to pass through, and remains tightly closed the rest of the time. In people with GERD, the sphincter relaxes and opens unnecessarily, allowing stomach acid to reflux into the esophagus, causing acid regurgitation and the feeling of heartburn.

Large and fatty meals increase the amount and duration of sphincter relaxations after meals. This probably explains the increased frequency of GERD symptoms in overweight people.

Causes

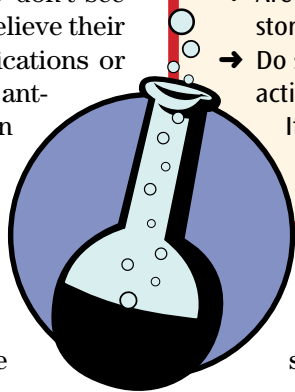
There are two major explanations for the increased frequency of GERD in the population. The first is the progressive decline of *Helicobacter pylori* (*H. Pylori*), the bacteria that causes stomach ulcers. Since the dis-

covery of *H. Pylori* 25 years ago, antibiotic treatment against it has resulted in marked decrease in ulcer disease. But the frequency of GERD has increased and some research suggests that *H. pylori* might in fact be protective against GERD. This remains a subject of scientific debate. However, the other major reason for the increase in incidence is the rising number of overweight people in North American society, where more than 30% are now considered obese.

The course of GERD

Figure 1 presents an iceberg-shaped progression of GERD treatment. Most people with GERD don't see their physician about it. They self-treat to relieve their occasional symptoms with lifestyle modifications or over-the-counter medications, including antacids, alginates (a product made from brown seaweed that creates a foam barrier to reflux) and H₂ receptor antagonists like Zantac AC or Pepcid AC, which decrease the acid level of the stomach. This group is represented on the base level of Figure 1. Lifestyle modifications like better nutrition and eating behaviour can help relieve occasional symptoms.

The next level up the iceberg refers to people who consult their primary care physician because of more frequent or nighttime heartburn. These people usually need acid-reducing drugs. Left untreated, GERD can result in complications. A minority of people (at the top of the iceberg) have what's known as complicated GERD caused by severe damage to the esophagus. In these cases, a narrowing of the lower



YOUR QUALITY OF LIFE

Even if you're already being treated for GERD with medication, these questions can help you assess your quality of life and the effectiveness of treatment.

- Are you still experiencing stomach problems?
- In addition to your main medication, are you taking any of the following medications to control your symptoms: antacids (e.g. Tums, Roloids, Maalox), H2 Blockers (e.g. rantidine, Zantac, Pepcid AC), motility drugs (e.g. Motilium) or others (e.g. PPIs, Gaviscon, Pepto-Bismol)?
- Is your sleep affected by your stomach symptoms?
- Are your eating and drinking habits affected by your stomach symptoms?
- Do stomach symptoms ever interfere with your daily activities?

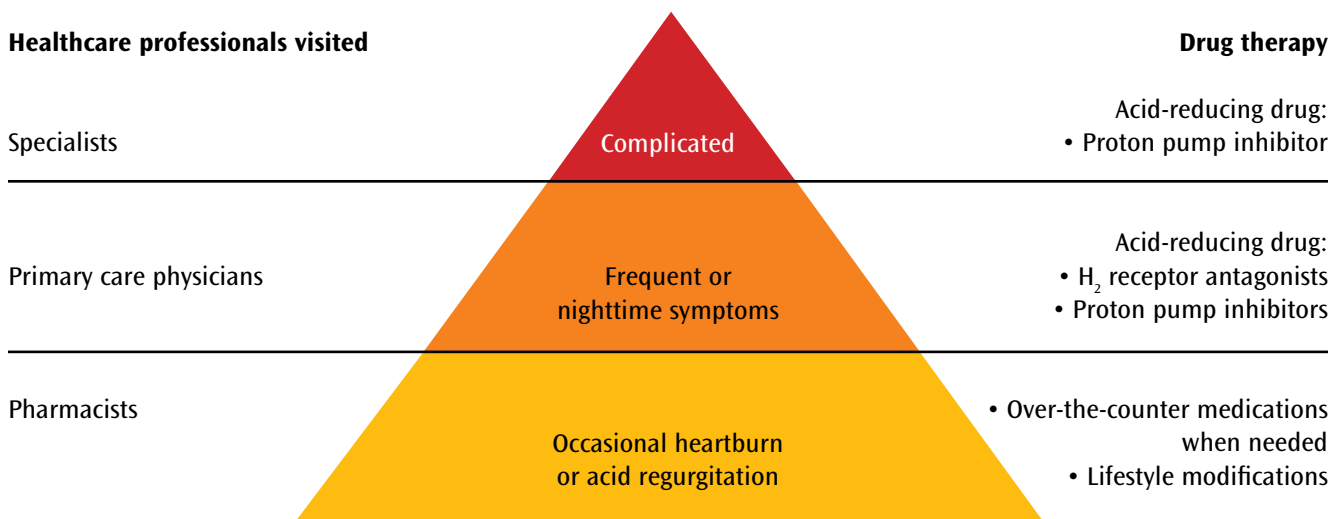
If you answer yes to any of these questions, talk to your doctor about further treatment options.

esophagus caused by scarring or bleeding can result in complications like difficulty swallowing food.

Consult your doctor

Most people who consult their physician for symptoms of GERD need treatment to decrease acid secretion in the stomach. Both H₂ receptor antagonists (H₂RAs), which lower the acid level in reflux, and proton pump inhibitors (PPIs), which block acid production at its source, can help. Your doctor will tell you how often you should take the medication

**Figure 1
Iceberg of GERD**



prescribed, depending on the frequency of your symptoms. The aim of drug treatment is to make you totally free of heartburn and acid regurgitation. Reaching that goal decreases the chance of future complications in the esophagus. If medications fail to resolve your symptoms, talk to your doctor.

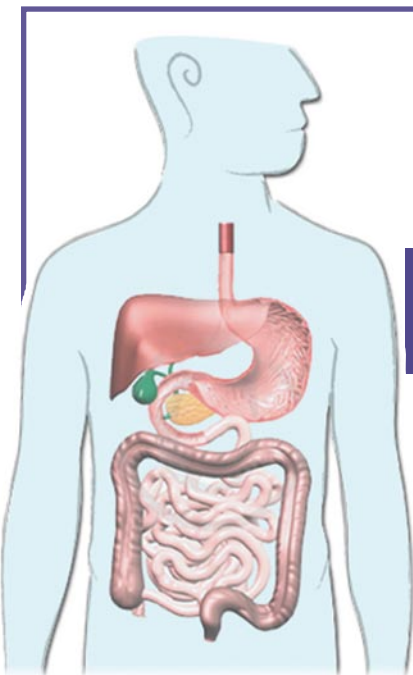
When enough is enough

Frequent and severe heartburn and acid regurgitation can seriously compromise quality of life, especially when it wakes you up at night. Ongoing impairment may interfere with your work and social life. People with GERD report mental health and social functioning worse than that reported by people with diabetes or hypertension. This effect is seen in all people with frequent symptoms of GERD, regardless of the degree of damage to the esophagus.

Measurement of quality of life is a very important issue in any chronic (long-term) disease. Doctors and researchers have developed questionnaires to get a better indication of just how much GERD interferes with a person's well-being and ability to function. They've found that these scales can provide a good indication of how effectively a disease is being treated. The test assesses a patient's functioning in areas such as work and daily life activities, pain, physical functioning, social functioning, vitality, mental health and general health.

Whether you've got new and occasional heartburn or stronger symptoms, you're self-treating with over-the-counter meds, or you've been prescribed medication, it's important to talk to your doctor if you're not satisfied with treatment. If heartburn or acid regurgitation still bothers you, treatment can surely be improved. 📞

Frequent and severe heartburn and acid regurgitation can seriously compromise quality of life



CANADIAN DIGESTIVE
HEALTH FOUNDATION

*Digestive disease...
is affecting someone close to you*

Every minute of your life
your digestive system is at work...
...and if it doesn't work right,
every minute can seem like an eternity.

The Canadian Digestive Health Foundation is a comprehensive resource for Canadians written by Canadian gastroenterologists.

Visit our website where you'll find up-to-date information on numerous gastrointestinal disorders including: Barrett's esophagus, dyspepsia, colon cancer, esophagitis, ulcers, H. pylori, lactose intolerance, GERD and much more.

www.cdhf.ca

CDHF National Office
2902 South Sheridan Way
Oakville, Ontario L6J 7L6

Phone: 905 829-3949
Fax: 905 829-3958
Email: CDHFoffice@CDHF.ca

Call us toll free:
1 866 819-2333