



FROM THE OFFICE OF DR.

Gastroesophageal reflux disease (GERD)

What is GERD?

When you swallow, food passes down your throat and through your esophagus to your stomach. A muscle called the lower esophageal sphincter controls the opening between the esophagus and the stomach. It remains tightly closed except when you swallow food. When this muscle fails to close, the acid-containing contents of the stomach can travel back up into the esophagus. This backward movement is called *reflux*.

When stomach acid enters the lower part of the esophagus, it can irritate the lining and produce a burning sensation in the chest, which is commonly referred to as *heartburn*. If this reflux is frequent or severe enough to damage the lining, it is called gastroesophageal reflux disease (GERD).

Several factors may explain why this reflux action occurs and may offer some clues for relief. The most important are:

- The position of your body after eating. An upright posture helps prevent reflux.
- The size of the meal. Smaller meals reduce reflux.
- The nature of foods you consume. Certain substances that irritate the esophagus or weaken the sphincter can cause reflux.

How to help relieve heartburn

Most people find that following these recommendations relieves their symptoms.

- Raise the head of your bed by 6 inches. This will allow gravity to help keep the stomach's contents in the stomach. Do not use piles of pillows because this puts your body into a bent position that actually aggravates the condition by increasing pressure on the abdomen.
- Eat meals at least 3 to 4 hours before lying down, and avoid bedtime snacks.
- Eat small portions of foods at meals.
- Maintain a healthy weight to eliminate unnecessary intra-abdominal pressure caused by extra pounds.
- Limit fatty foods, chocolate, peppermint, coffee, tea, colas, and alcohol, all of which relax the lower esophageal sphincter.
- Limit tomatoes and citrus fruits or juices, which can irritate a damaged esophageal lining.
- Stop smoking. Smoking also relaxes the lower esophageal sphincter.

- Wear loose belts and clothing, which will help reduce pressure on the abdomen.
- Over-the-counter medications, such as Tums, Roloids, Maalox, Zantac 75, Tagamet HB 200, Pepcid AC, and Axid AR can also help control symptoms. If you have more severe symptoms or have been using antacids more than 2 weeks contact your physician, who can prescribe other medications.

If GERD persists:

If heartburn persists, does not improve after treatment with the above methods, or occurs frequently, you need to see a physician for testing and treatment. A visual examination of the esophagus, known as an endoscopy, may be necessary. Sometimes this test shows that the lining of the esophagus is severely inflamed and irritated by stomach acid. This complication of GERD, known as esophagitis, may cause bleeding and difficulty in swallowing. Medical treatment for this condition may be necessary.

Very few people need surgery to correct GERD.

For more patient information on hundreds of health topics, see the Cleveland Clinic Department of Patient Education and Health Information web site, www.clevelandclinic.org/health.



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