GI Hub

# GERD Diet Recommendations

**Dietary management of GERD should focus on weight loss (if overweight), meal timing, and identification/avoidance of individual trigger foods.** Weight loss is strongly recommended for overweight or obese patients, as even modest reductions can improve symptoms and esophageal acid exposure.[1][2][3]

- **Meal timing:** Avoid eating within 2–3 hours of bedtime to reduce nocturnal reflux. Late evening meals are associated with increased reflux episodes.[4][1][5][2][6]

- **Meal size:** Prefer smaller, more frequent meals (4–5 per day) over large meals, as large meal volume and high calorie content can increase reflux.[4][3]

- **Trigger foods:** Advise patients to identify and minimize foods that consistently provoke symptoms. Common triggers include:

- Fatty or fried foods
- Spicy foods
- Chocolate
- Peppermint
- Onions
- Citrus juices
- Tomato-based products
- Alcohol
- Caffeinated and carbonated beverages[4][1][3][6]

- **Dietary patterns:** A Mediterranean diet and very low carbohydrate diet may be protective against reflux, while high-fat meals should be avoided.[7][6]

- **Other recommendations:** Avoid lying down or napping immediately after meals. Chewing gum may help neutralize acid reflux by promoting salivation. Smoking cessation is recommended, as tobacco use can exacerbate symptoms.[4][1][2]

- **Individualization is key:** There is limited evidence for universal avoidance of specific foods; recommendations should be tailored to each patient's symptom pattern.[5][3][2] Encourage patients to keep a food and symptom diary to identify personal triggers.

**Summary:** The most effective dietary interventions for GERD are weight loss, avoiding late meals, reducing meal size, and minimizing individual trigger foods. These measures should be combined with other lifestyle modifications for optimal symptom control.[4][1][5][2][6]

## References


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