



Gastroesophageal Reflux Disease (GERD)

Gastroesophageal reflux disease (GERD) happens when stomach acid flows back into your esophagus (the tube connecting your mouth to your stomach). This can cause **heartburn** (a burning feeling in your chest), **regurgitation** (acid or food coming up), and sometimes other symptoms like cough, sore throat, or trouble swallowing.

Why does GERD happen?

GERD is often caused by a weak muscle at the bottom of your esophagus (the lower esophageal sphincter) that doesn't function properly. This sphincter problem results in transient relaxation of the sphincter resulting in symptoms. Risk factors include being overweight, smoking, and family history.

Symptoms

- Heartburn (burning chest pain)
- Regurgitation (acid or food coming up)
- Trouble swallowing
- Chest pain (not related to the heart)
- Cough, hoarseness, or sore throat

Complications

If GERD isn't treated, it can cause:

- **Esophagitis:** Inflammation or sores in the esophagus
- **Strictures:** Narrowing of the esophagus, making swallowing hard
- **Barrett's esophagus:** Changes in the esophagus lining that can increase cancer risk
- Rarely, esophageal cancer

Diagnosis and Workup

Most of the time, GERD is diagnosed based on your symptoms. If symptoms are severe, don't get better with treatment, or you have "alarm symptoms" (trouble swallowing, weight loss, vomiting blood, or black stools), your doctor may recommend tests:

- **Endoscopy:** A camera looks at your esophagus for damage or other problems.
- **pH monitoring:** Measures acid in your esophagus over 24 hours to see how much reflux you have.
- **Manometry:** Measures how well your esophagus muscles work.

Treatment

Lifestyle and Diet Changes

Making changes to your daily habits can help control GERD:

- **Lose weight** if overweight
- **Quit smoking**
- **Avoid alcohol, caffeine, and carbonated drinks**
- **Eat smaller meals** and avoid lying down after eating
- **Don't eat within 2-3 hours of bedtime**
- **Elevate the head of your bed** by 6-8 inches
- **Avoid trigger foods:** spicy foods, chocolate, peppermint, onions, tomato products, citrus, fatty foods
- **Wear loose clothing**
- **Chew gum** to help neutralize acid
- **Practice stress reduction** (like deep breathing or mindfulness)

Medical Treatments

- **Proton pump inhibitors (PPIs):** Most effective medicine for GERD. Usually taken once a day for 4-8 weeks. If symptoms improve, your doctor may lower the dose or stop the medicine.
- **Histamine-2 receptor antagonists (H2RAs):** May be added at bedtime if you have nighttime symptoms.
- **Antacids and alginates:** Can help with mild symptoms or as add-on therapy.

- **Prokinetic agents:** Sometimes used if you have slow stomach emptying.
- **Neuromodulators:** Rarely used for people with sensitive esophagus.

Surgical and Endoscopic Treatments

If medicines and lifestyle changes don't help, or if you don't want to take medicine long-term, other options include:

- **Laparoscopic fundoplication:** Surgery to strengthen the valve between your stomach and esophagus.
- **Magnetic sphincter augmentation:** A device is placed to help the valve work better.
- **Transoral incisionless fundoplication (TIF):** An endoscopic procedure to tighten the valve.
- **Gastric bypass:** For people with GERD and obesity.

When to See Your Doctor

Contact your doctor if you:

- Have trouble swallowing
- Lose weight without trying
- Vomit blood or have black stools
- Have chest pain that feels different or severe

Summary

GERD is common and treatable. Most people feel better with lifestyle changes and medicine. If symptoms don't improve, tests can help find the cause and guide treatment. Surgery or endoscopic procedures are options for some people. Managing GERD helps prevent complications and improves your quality of life.

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