



Gastroesophageal Reflux Disease (GERD)

Overview:

- Gastroesophageal reflux disease (GERD), or just 'reflux', occurs due to the reflux of stomach acid to the esophagus causing a burning pain behind the chest bone.



- Lifestyle changes help ease the symptoms.
- Antacids are effective but the recurring burning sensation requires medical care.
- Maintaining a healthy lifestyle and healthy weight are key to prevention of reflux.
- It is important to treat persistent heartburn as it harms the esophagus with time.

Symptoms

Common signs and symptoms of GERD include:

- A burning sensation in your chest (heartburn), usually after eating, which might be worse at night or while lying down
- Backwash (regurgitation) of food or sour liquid
- Upper abdominal or chest pain
- Trouble swallowing (dysphagia)
- Sensation of a lump in your throat



If you have nighttime acid reflux, you might also experience:

- An ongoing cough
- Inflammation of the vocal cords (laryngitis)
- New or worsening asthma

Risk factors:

- Obesity
- Smoking
- Pregnancy
- Hiatal hernia
- Medications that weaken the function of the sphincter

Reflux triggers:

- Anxiety and stress
- Large meals
- Spicy food
- Acidic food
- Tomato products (e.g. ketchup and tomato sauce)
- Greasy and fried food
- Chocolate
- Onion-containing food



- Caffeinated drinks (e.g. soft drinks, coffee, etc.)
- Mint or minted beverages

When to see a doctor?

- If the burning sensation occurs for two or more days in a week;
- If there is difficulty swallowing food or fluids;
- Persistent nausea or vomiting;
- Weight loss due to the loss of appetite;
- If the symptoms persist despite taking medications.

Diagnosis:

- An X-ray of your upper digestive system to help diagnose a narrowing of the oesophagus that may obstruct swallowing.
- Upper endoscopy test to detect inflammation of the oesophagus as well as to collect a sample of tissue to be tested for complications such as Barrett's oesophagus.
- Ambulatory acid (pH) probe test in order to identify how long the acid stays in your stomach and when it regurgitates, through a monitor placed in your oesophagus.
- Oesophageal manometry to measure the muscle contractions in your oesophagus when you swallow.



Treatment:

- Simple antacids (to offset acidity)
- Acid-blockers (H₂-receptor antagonists)
- Proton pump inhibitors (PPIs)



Prevention:

- Avoid GERD-stimulating foods and drinks.
- Quit smoking.
- Maintain healthy weight.

