

## **Gastroesophageal Reflux Disease (GERD)**

About 19 million Americans suffer from *gastroesophageal reflux disease (GERD)*, also known as *GER* or *reflux disease*. Those with asthma have GERD more than twice as often as others.



In GERD the ingested food mixed with acid from the stomach regurgitates into esophagus usually after meals and especially during night when one is lying down. This may produce such familiar symptoms as heart burn, burping and belching frequently, water brash or chest pain/ discomfort. There is a sphincter at the lower end of esophagus which gets weaker and allows food travel bidirectionally rather than unidirectionally. If you get the above symptoms twice or more in a week, then you have GERD. If left untreated, GERD can lead to more serious health problems.

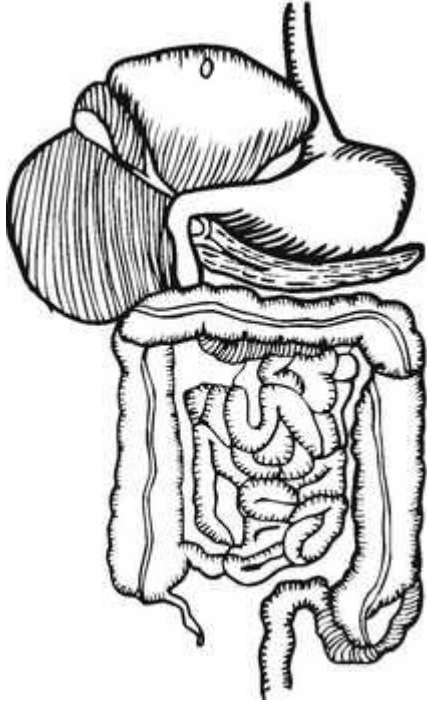
Up to 89 percent of patients with asthma also experience GERD. Severe, chronic, and treatment-resistant asthma is more likely to be associated with GERD. GERD reflux treatment is often beneficial for asthma symptoms, which helps to confirm the link between the two conditions. In one study involving children with asthma and GERD, adequate treatment of GERD for one year resulted in significant reduction in the need for asthma controller medications in the majority of children in that study.

Although studies have shown a relationship between asthma and GERD, researchers are not certain of the exact interaction. Reflux may worsen asthma symptoms, conversely, asthma and some asthma medications such as theophylline may worsen reflux symptoms. This cycle of reflux and airway obstruction may contribute to the development of progressively worsening asthma and other pulmonary disease.

If you experience any of the following situations, it could indicate that you have asthma and GERD together.

- increased asthma symptoms after meals or exercise;
- night symptoms (initiated by lying down);
- respiratory symptoms such as frequent coughing and hoarseness;
- recurrent pneumonia or pulmonary fibrosis.

The following tests are used to diagnose GERD: *esophageal pH monitoring*, *gastroesophageal scintiscanning* or *upper gastrointestinal tract endoscopy*. The last is considered the gold-standard. Your physician may also search for *Helicobacter pylorii*, a bacteria that thrives in the acid environment of the stomach. This bacteria has been implicated in GERD and peptic ulcer disease. If found, adequate treatment of the infection results in cure!



The following measures will help treat GERD:

- If you are overweight, losing weight by diet and exercise will certainly help.
  - Avoiding tobacco, alcohol, spicy food and frequent use of medications such as aspirin, ibuprofen, naproxen or Celebrex.
  - Minimizing stress if possible by relaxation techniques.
  - Not eating any food for three hours before going to bed.
  - Keeping the head end of bed elevated by 45 degrees.
  - Taking over the counter antacids or acid-reducers such as Zantac, Pepcid or Tagamet or Prilosec following manufacturer's recommendations and
  - If you have severe disease, then taking prescription medications such as Prevacid, Nexium, Protonix, Aciphex etc. These medications known as Proton Pump Inhibitors (PPIs) are best taken on empty stomach in AM.
- Referral to a gastroenterology specialist may be required at times.

If treated adequately, your acid-peptic symptoms will get better and you will have better control of asthma and better quality of life and sleep. You may have to stay on treatment for several months while you are monitored by your physician. Unless the underlying factors are taken care of, the symptoms may recur once you stop the treatment. In extreme cases your doctor may recommend surgery to correct the problem.

Untreated or undertreated GERD could result in the following complications in the long run

- Gastrointestinal bleeding and anemia
- Swallowing difficulties from formation of strictures or scar tissues which may require dilatation at regular intervals using special instruments
- Rarely a condition called Barret's esophagitis which is associated with development of esophageal cancer.