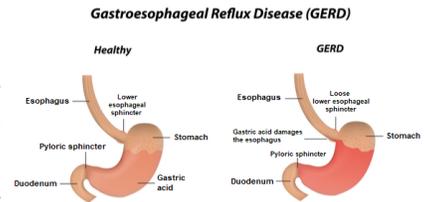


GERD

What you need to know

GERD stands for Gastroesophageal Reflux Disease, a condition in which hydrochloric acid (and possibly food) travels backwards from the stomach into the esophagus, known as the food tube, and can produce many unpleasant symptoms.

Stomach physiology: after being swallowed, food travels down the esophagus into the stomach. A muscular ring called the esophageal (or cardiac) sphincter relaxes and lets the food go to the stomach, and then re-tightens, preventing contents from backing up. The stomach releases hydrochloric acid, and generates muscular contractions and relaxations, to break down the food. When this process is complete, a muscular ring at the other end of the stomach, called the pyloric sphincter, lets the contents pass to the small intestine for further digestion and absorption.



Twenty percent of American adults, or 1 out of every 5, suffer from GERD.

Left untreated, GERD can lead to serious complications. *Esophagitis* is inflammation of the lining of the esophagus. The more often the esophagus becomes inflamed, the more scar tissue it produces on the lining, which leads to *esophageal stricture* (narrowing), making swallowing difficult. This can lead to an increased risk of *aspiration or choking*. Eventually, severe damage to the esophageal lining occurs, called *Barrett's esophagus*, which is a precursor to *esophageal cancer*.

Symptoms of GERD include: heartburn/chest pain, often worse at night; excessive salivation and drooling; regurgitation; "lump in the throat" sensation; sour taste in the mouth; disrupted sleep; bad breath in the morning; laryngitis; tooth erosion; nausea; bloating; belching; coughing; waking up with a coughing episode; sinus & eye drainage; asthma. Some people have just a few symptoms, while others have more.

Clues that someone you support may have GERD: unexplained weight loss; frequent cough; asthma attacks; wet/noisy respirations; fear/anxiety/behaviors at mealtime; placing hands in the mouth; self-injurious behavior (SIB), pica, chewing/swallowing movements away from eating; breath-holding; drooling; drinking water or milk at night; social withdrawal or aggression. Since verbal communication can be a challenge for many persons with IDA, observing becomes even more important.

Diagnosis is by history, physical exam, and one or more of the following: barium x-ray test, endoscopic test, esophageal acid test, esophageal manometry test.

Treatment options, in the order of least invasive first: lifestyle changes, medications, surgery.

Lifestyle changes: avoid irritants (chocolate, peppermint, alcohol, coffee, fatty foods, spicy foods, citrus, and tomato-based products); do not chew gum; avoid carbonated drinks; eat smaller portions; eat dinner early; lose weight; stop smoking; avoid bending and stooping; elevate head of bed on 6" blocks.

Medications prescribed by the doctor may consist of antacids (Maalox, Tums, Rolaids), H-2 blockers (Tagamet, Pepcid, Axid, Zantac), and/or proton pump inhibitors (Prilosec, Prevacid, Nexium, Protonix). These will either neutralize acid already being produced in the stomach, or reduce the production and release of acid. Proton pump inhibitors are considered the strongest of the three types, yet long-term use can have side effects (C. Difficile, Pneumonia, Osteoporosis, B-12 Deficiency, to name a few).

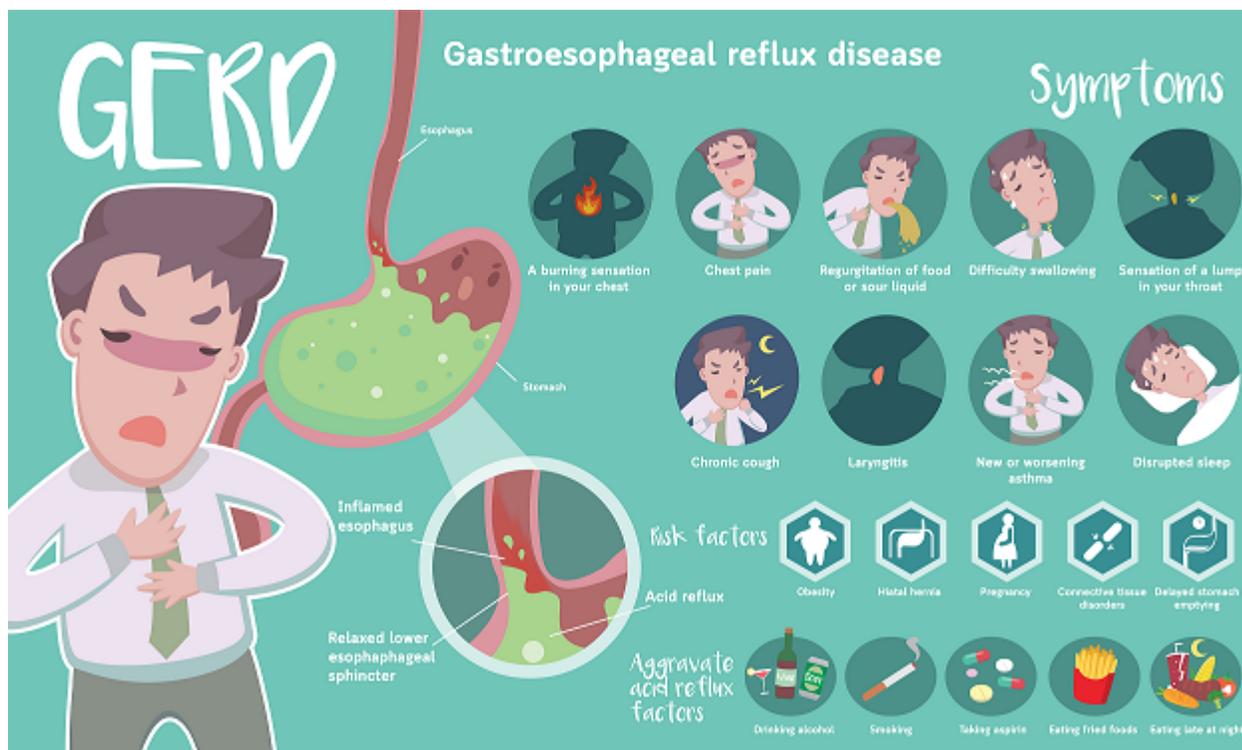
Surgery: Fundoplication, which means the upper part of the stomach is wrapped around the esophageal sphincter to provide support. A LINX Device, which is a circle of magnetic beads placed around the esophageal sphincter to provide support. These techniques can be performed using minimally invasive techniques, which allow speedy recovery.

People with feeding tubes: There is still a risk of acid migration into the esophagus. It is important to make sure they remain upright during and after feedings to reduce the risk of acid reflux.

Some other possible contributors to GERD: Low magnesium (Mg is necessary for pyloric sphincter relaxation); food sensitivities like gluten or dairy; bad bacteria or yeast overgrowth in the G-I tract; the presence of a bacterium called Helicobacter Pylori (H.Pylori).

A relatively new theory: maybe it's not too much acid in the stomach, but not enough, that results in GERD. This is called hypochlorhydria. When the stomach fails to break down the food adequately, the pyloric sphincter refuses to relax, and the contents back up in the other direction. If this is correct, it may revolutionize medicine's approach to GERD. Possible reasons for hypochlorhydria: general inflammation in the body; toxins (including preservatives in food); mycotoxins from fungal overgrowth; hypothyroidism.

Additional lifestyle changes that can help: Avoid high fructose corn syrup, sugar, processed foods, grain-based foods, trans-fats, vegetable oils, food additives and preservatives, and pasteurized dairy. Eat real food—healthy oils (olive oil, coconut oil), grass-fed meats, fresh fish, fresh fruits and vegetables, bone broth, fermented foods (sauerkraut, unsweetened yogurt).



For more information on aspiration, dysphagia, feeding tubes, hypertension, obesity (weight management), pneumonia, and smoking cessation, see our home-study trainings at <http://northwesthcqu.learnupon.com>.

Sources:

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