
THE "INFO"-HALER



TAKE IN THE INFORMATION

An easy to understand, informative newsletter for our patients of all ages from the
Allergy & Asthma Associates of Michigan, P.C.

GERD (ACID REFLUX)

Gastroesophageal reflux disease (GERD) is a condition that causes a back up of stomach acids into the esophagus. The esophagus is the tube which carries food and fluids to the stomach. GERD affects 5-7% of the United States population, and sixty million Americans have GERD symptoms every month. It is a common disorder in infancy, old age, and pregnancy. It is particularly prevalent in patients with asthma. It is estimated that 30-80% of adults with asthma have GERD. Many people with GERD experience symptoms such as heartburn, bitter aftertaste, hoarseness, difficulty swallowing, or burping of stomach contents; however, most individuals have no obvious symptoms and therefore do not suspect GERD and do not seek medical attention.

GERD is believed to be caused by a combination of conditions that increase the presence of stomach acid in the esophagus. There may be a problem with the muscle at the base of the esophagus, which causes it to be too relaxed; or there may be a delay in the emptying of the stomach. There may also be a decrease in the amount of saliva which normally neutralizes the stomach acids once backed up into the esophagus.

There are certain lifestyle factors that may increase the risk of acid reflux. These factors include nicotine inhalation from cigarette smoking, eating large meals, excessive alcohol intake, excessive consumption of fatty foods or caffeine, pregnancy, obesity, lying down after a meal, hormone imbalance, hiatal hernia, and the use of theophylline.

There has been much debate on how GERD affects asthma. The most common belief is that the stomach acids are either aspirated into the lungs, or else burn the esophagus which irritates the nerves under the surface of the esophagus. These same nerves have endings that branch into the bronchial tubes which cause bronchial constriction and release of chemicals that lead to inflammation in the bronchial tubes. This causes a bronchospasm (cough). Studies have shown that certain patients have an increase in coughing and wheezing especially at night. While they are lying down, the muscle at the base of the stomach is relaxed and the acids are more likely to reflux (back up). Also, less saliva is swallowed when lying down so those acids that back up into the esophagus are not properly neutralized. GERD should be suspected in asthmatic patients with complaints of heart burn, coughing and/or wheezing especially at night, and asthma that does not seem to get better with treatment.

Treatment of GERD in the asthmatic patient should be practical. Avoid food or fluids at least two to three hours prior to going to bed, and elevate the head of the bed. Avoid tobacco, alcohol, and aggravating foods such as tomatoes, citrus, chocolate, mint, carbonated beverages, sleeping pills called benzodiazepines (Valium, Xanax, Halcion), and caffeine. Weight loss is also beneficial. Patients should ingest no more than 45 grams of fat in a 24 hour period. Infants should receive thickened formula, and should also sleep with the head of the bed elevated.

Medical treatment involves the use of a combination of medications. The medications help reduce the production of excess stomach acid, and increase the emptying time of the stomach. Some common medications are: Propulsid, Pepsid, Prevacid, Prilosec, Protonix, Nexium, and Aciphex. Reglan is common for use in children.

If, for some reason, the medications do not relieve the symptoms, the patient may need to be referred to a gastroenterologist (stomach specialist). Diagnosis of GERD can be confirmed by PH probe studies, barium swallow (esophogram) or endoscopy. These studies allow the specialist to measure the number of times the acid backs up into

the esophagus, as well as how far up the esophagus the acid travels. Sometimes surgery is necessary to treat GERD. The surgery is known as fundoplication, which tightens the muscle at the base of the esophagus keeping the acids from refluxing (backing up). Thirty to sixty percent of asthmatic patients who elect to have this surgery show relief of their symptoms.

Patients with asthma are two times more likely to have GERD than patients without asthma. GERD should always be considered in people with difficult to manage asthma. Do not hesitate to ask your doctor about this condition. If you have GERD, follow the treatment plan carefully. Experience has shown that early diagnosis and treatment of gastroesophageal reflux disease often leads to better control of asthma.

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