



Adult Allergy

Pediatric Allergy

Clinical Immunology

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GASTROESOPHAGEAL REFLUX DISEASE

Gastroesophageal reflux disease is a very common disorder which involves a weakening of the muscle located at the junction of the esophagus and stomach. When this muscle, called the lower esophageal sphincter, fails to function properly, the stomach contents can move up into the esophagus, causing the pain and burning commonly called “heartburn”. Other symptoms of reflux can be chest pain and tightness, sore throat, a sensation of a lump in the throat, difficult swallowing, a foul taste in the mouth, belching, post-nasal drainage and frequent clearing of the throat. Some patients may have reflux without classic symptoms of “heartburn”.

Gastroesophageal reflux can cause symptoms of asthma or worsen pre-existing asthma. This is because respiratory nerve endings in the esophagus and airway are stimulated by the acid, leading to cough, wheezing and decreased airflow. Also, uncontrolled cough in an asthmatic can worsen pre-existing reflux. Whenever asthma does not respond to medications, reflux should be considered a possible complicating factor.

There are several measures which may control gastroesophageal reflux without the need for medications. Highly spiced, acidic and fatty foods, as well as chocolate, caffeine, alcohol, and nicotine all lead to worsening of reflux, and should therefore be avoided. Eating smaller meals is beneficial. Those with reflux should avoid lying down within 3 hours after a meal, and elevating the head of the bed a few inches is helpful. Pressure on the stomach, such as with bending over, lifting, coughing, and overeating can all add to the symptoms of reflux. Overweight individuals should focus on weight loss. Over the counter medications like vitamin C as well as aspirin and other similar pain relievers that irritate the stomach and esophagus can worsen gastroesophageal reflux.

If the above measures are not sufficient in controlling gastroesophageal reflux, there are several types of medications that may be helpful. Antacids temporarily reduce the stomach acid. Another type of medication, such as Reglan, helps to empty the stomach contents more quickly. Others decrease acid production more effectively and in a longer lasting manner. These include over the counter Zantac, Tagamet, Pepcid AC, Prilosec, and the more potent prescription medications such as Aciphex, Nexium, Prevacid and Protonix.

If a trial of medications is not helpful, a further workup to determine if you have reflux may be necessary. Tests that may be ordered include a special x-ray (upper GI, barium swallow), measurement of acid in the esophagus with pH monitoring, measurement of strength of the lower esophageal sphincter (manometry), and using a tiny camera on a tube to visualize the esophagus and stomach lining (endoscopy). Consultation with a gastroenterologist is sometimes needed. Poorly controlled gastroesophageal reflux may lead to inflammation of the esophagus and stomach, which can predispose to ulcers and other serious damage to the lining of the esophagus.

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