



GASTROENTEROLOGY
DEPARTMENT OF THE
CIUSSS de l'Estrie – CHUS

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Treatment and advice

GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD)

WHAT IS GASTROESOPHAGEAL REFLUX DISEASE (GERD)?

Gastroesophageal reflux disease (GERD) occurs when stomach contents flow back into the esophagus. GERD usually results from incomplete closure of the lower esophageal sphincter (ring-shaped muscle that acts as a valve or flap between the stomach and esophagus).

The esophageal sphincter normally relaxes or opens when we eat to allow food to enter the digestive tract and to evacuate excess air. The sphincter protects the esophagus from stomach acid by closing after each swallowed bite. However, the sphincter may malfunction or weaken, especially in cases where:

- The esophageal sphincter opens more than normal (e.g., in cases of scleroderma and hiatal hernia when some of the stomach content bulges back to the thorax).
- The esophageal sphincter relaxes after certain foods such as alcohol, coffee, or chocolate are ingested.
- Stress is not managed adequately.

GERD symptoms may vary from heartburn (burning sensation), regurgitation, hoarseness, a sensation of a lump in the throat (rare), and a sensation of blockage in the esophagus.

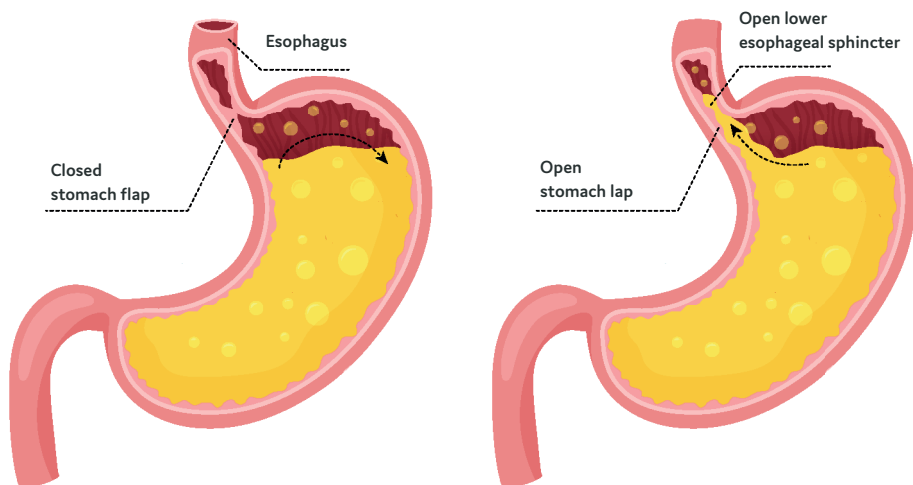
Acid reflux in the esophagus can lead to inflammation (esophagitis) that can result in painful swallowing and bleeding.

Symptoms may occur at any time during the day, but are typically more common after meals, at night (due to gravity), or in the morning (from the accumulation of acid in the esophagus overnight, when you are lying down).

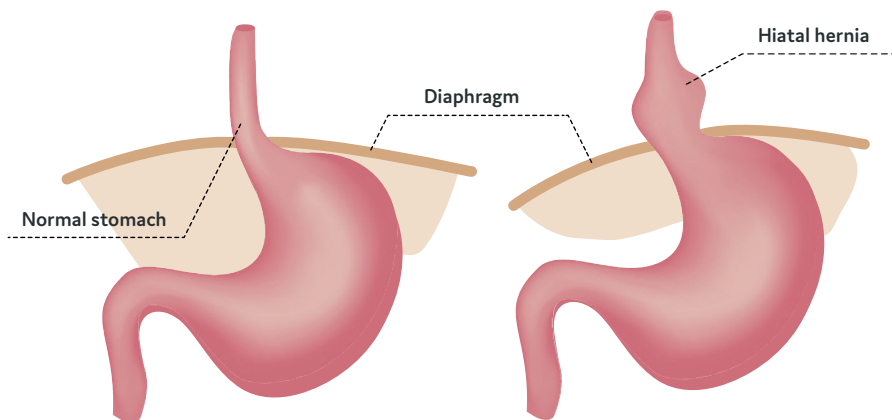
4 GASTRO-ESOPHAGEAL REFLUX DISEASE (GERD)

The diagnosis is usually conducted through a questionnaire. However, it may be necessary to perform a gastroscopy or pH monitoring (tiny tube inserted into the esophagus to measure acidity) to confirm the diagnosis.

Normal lower esophageal sphincter holding stomach contents back



Hiatal hernia resulting in inability to retain stomach acid.



HOW DO YOU TREAT GASTROESOPHAGEAL REFLUX DISEASE (GERD)?

Here are a few tips on how to manage your gastroesophageal reflux:

- Raise the head of your bed by 15 cm.
- Do not eat or drink 2 hours (ideally 3 hours) before bedtime.
- Eat smaller, more frequent meals (4 to 6 meals daily instead of 2 to 3).
- Eat fewer fats and more protein. Fat slows the emptying of the stomach.
- Do not wear overly tight clothing or belts.
- Maintain a healthy weight (BMI \leq 25).
- Manage stress effectively.

Consume in moderation:

- Citric fruit, soft drinks, wine, and alcohol;
- Tea, coffee, chocolate, and spices.

A nutritionist can advise you on which foods to avoid to better manage your symptoms.

Many medications are available to treat GERD. For occasional reflux, take over-the-counter antacids (e.g., TUMS[®], Gaviscon[®], Maalox[®], Pepto Bismol[®]). If reflux occurs several times a week, a proton pump inhibitor (PPI) might be prescribed.

PPIs block an enzyme that produces stomach acid and are most effective when taken on an empty stomach, **30 minutes before the first meal** of the day.

Finally, you may be offered prokinetic agents (drugs that enhance the emptying of stomach contents). They can have an effect on the lower esophageal sphincter and reduce the stomach acid content available for reflux.

Some drugs can worsen GERD. Speak to your pharmacist.

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