

## **Acid reflux can cause problems**

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A tip of the hat to the stomach's lining.

Yes, really. With a pH, or acidity rating of 1.5 to 3.5, probably enough to take the paint off our car, the acids in stomach contents are able to reduce to goo and slurry most anything we toss down our throats. The reason we don't digest ourselves has to do with production of a neutralizing mucous layer and the fact that the stomach just moves processed foods out and on to the next digestive function.

But what if some of that caustic acid designed to break down animal protein, plant fiber and chocolate cake escapes the specialized lining of the stomach?

As anyone who has experienced the symptoms of gastroesophageal-reflux disease, or GERD, knows, the answer is: "It hurts."

GERD occurs when some of the contents of the stomach comes back up or refluxes into the lower end of the esophagus, the muscular tube connecting the mouth and the stomach. Just under the breast bone or sternum, this connection is controlled by a circular muscle, a sphincter, which opens to receive food from above and closes to prevent spillage of stomach contents back into the esophagus. When this sphincter is weak or relaxes too often, powerful acids can ascend back toward the throat.

Hiatal hernias, in which the stomach has pushed back up into the chest, or sluggish muscular downward movement in the esophagus also can allow retrograde release of gastric acid.

The result is heartburn, indigestion, dyspepsia.

"It's really all the same thing," says Julia Pallentrino, ARNP, with GI Associates of Tallahassee. "With age, stress and especially with obesity or wearing a size 10 pants when you're now a 13, the esophageal sphincter is unable to keep gastric contents contained in the stomach, and patients experience pain and tenderness."

They may have other symptoms as well.

Anyone sitting around a dinner table after a meal with Louise Chappell would know.

"About 15 minutes after I eat, there's this flood of mucous into the back of my throat. I just have to keep clearing my throat and coughing and coughing. I may cough for a couple of hours," she says.

More than 40 percent of people diagnosed with GERD complain of repeated clearing of throat; 41 percent of frequent episodes of sinusitis; 34 percent report chronic coughs; while only 23 percent describe epigastric pain.

While pain may not be present in all cases of GERD, damage to the upper gastrointestinal tract may be taking place. Chronic inflammation of the esophageal lining can lead to strictures, tightening scarring fibers within the tube; ulcerations; and even pre-cancerous changes in the lining's cells. In addition, new studies implicate GERD in dental erosion as acidic gastric contents pool in the back of the throat.

While most people who complain of heartburn are familiar with antacids - the treatment of choice over the decades - they remain in the stomach for up to only an hour. It would be necessary to take multiple doses a day to address the way Americans snack and graze. Newer medicines include antihistamines (such as Tagamet, Pepcid and Zantac) that control acid production in the stomach; and proton-pump inhibitors, (such as **Prilosec**) which block acid secretion more completely and for a longer period.

But the real technique for managing GERD, a more or less chronic, if intermittent, condition, is in lifestyle changes.

"If I eat a big meal late in the evening," says Chappell, "And . . . fall asleep stretched out flat on the sofa, I can guarantee I'll have a big GERD attack."

Pallentrino says that while most reflux occurs during the day, gravity keeps gastric contents where it belongs. Also, we swallow more during the day, and saliva contains bicarbonate, a neutralizer of acid.

In bed at night, it's a different story.

"The trick is to eat smaller amounts earlier in the evening. Then elevate either your bed or yourself."

Sleeping on the left side will help. And no late-night indulgences of chocolate, peppermint, alcohol or caffeinated drinks. Each of those tends to cause relaxation of the esophageal sphincter.

Another technique is to chew gum. Theoretically, with the additional production of saliva from chewing gum, more of the body's own neutralizing alkalines can combat the acidity of GERD.

"Luckily with a proper diagnosis and appropriate treatment and . . . a willingness to make some lifestyle changes," says Pallentrino, "most people can eat, sleep and live comfortably with GERD."