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## **Antireflux Measures for Gastroesophageal Reflux And Reflux Esophagitis**

Whenever gastric (stomach) acid refluxes into the esophagus, it can cause irritation and, if prolonged, can produce esophagitis (inflammation of the esophagus). This condition is often associated with a hiatal hernia (bulging of the stomach through the diaphragm into the chest), but may occur in other conditions as well. GERD may be asymptomatic (silent), but prolonged gastroesophageal reflux can be complicated by changes in the cells in the esophageal lining tissue (Barrett's esophagus) that carries a risk for cancer in the esophagus. Special medications may be required for the treatment of gastroesophageal reflux disease (GERD), but in many cases some simple maneuvers and the regular use of antacids are sufficient to not only relieve symptoms, but to avoid esophagitis and subsequent complications such as esophageal stricture, ulceration or bleeding.

Listed below are some of the effective measures that can be taken for the relief of gastroesophageal reflux. Most people will find them effective if they are followed regularly. The esophagus is especially vulnerable to injury from gastric reflux at night when an individual is recumbent.

**1. Avoid tobacco, chocolate, peppermint, coffee and excessive alcohol.**

Tobacco and chocolate are well known to facilitate gastroesophageal reflux by direct effect on the gastroesophageal sphincter, a muscular band of tissue surrounding the esophagus at the top of the stomach, which normally prevents reflux from occurring. Coffee is also capable of producing this effect, and the use of decaffeinated coffee does not prevent the problem. Alcohol is a problem in large amounts, and some patients must avoid it altogether.

**2. Avoid lying down for a least 1 hour after meals and avoid eating for at least 2 hours before bedtime.**

Gastroesophageal reflux is especially trouble-some when there is a large amount of material in the stomach after eating. Because fatty, greasy or fried foods delay emptying of the stomach, these are particularly to be avoided before bedtime.

**3. Avoid stooping, straining, heavy lifting and tight abdominal clothing.**

All of these activities increase intra-abdominal pressure relative to intrathoracic pressure, and may thus facilitate the reflux of stomach contents into the esophagus. Obesity can also produce this effect, as can pregnancy. If you must do heavy lifting, it should be done with the back upright, using the legs to lift. Antacids may be taken before such activities so that the stomach contents that do reflux are less acidic.

**4. Taking antacids on a regular basis after meals and at bedtime may be suggested.**

If other medications are not prescribed, it is recommended that, for regular usage, a non-absorbable antacid be taken one hour after each meal and at bedtime. This will not prevent reflux, but it will neutralize the acid in the stomach such that if reflux occurs, no acid burn will result. Women, especially after menopause, may benefit more from calcium carbonate antacids. Antacids may also be used if necessary for temporary relief of heartburn.

**5. Other over-the-counter medications may be effective in preventing reflux injury and symptoms.**

Several medications (classed as H2 receptor antagonists) are available to temporarily inhibit the secretion of acid by the stomach and these are best taken before meals and at bedtime. These include ranitidine, famotidine, nizatidine and cimetidine. These agents are also available in higher dose forms by prescription.

**6. Elevate the head of the bed on 6 to 8 inch blocks.**

Blocks can be easily fashioned from lumber by nailing a short length of 2x6 between two similar lengths of 2x8 such that a slot is formed which keeps the bed posts from slipping off the blocks. These blocks should be used at all times, even when symptoms are controlled. There is a tendency to slide toward the front of the bed while sleeping, but most people adjust to this.

**7. Prescription medications maybe suggested, especially if the measures detailed above fail to control symptoms or if there are complications of gastroesophageal reflux.**

The most effective medical treatment for GERD is the regular use of medication classed as proton pump inhibitors (PPI's). These drugs suppress acid production by the stomach more effectively and for a longer duration than do the H2 antagonists (which should not be taken concurrently with a PPI), and are usually effective when once taken daily in the morning before breakfast. Talk to your healthcare provider about which PPI is right for you.

**8. Surgical treatment for GERD maybe considered for patients refractory to medical treatment or as an alternative to medical treatment.**

An operation to reduce the tendency for stomach contents to reflux into the esophagus may be preferred by some.