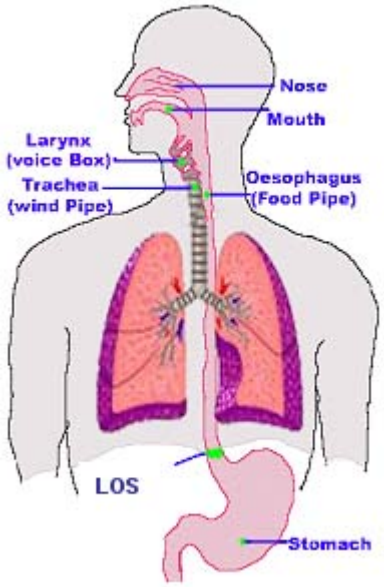
GASTRO-ESOPHAGEAL REFLUX DISORDER (GERD)

AN EAR NOSE & THROAT PERSPECTIVE

What is GERD?

Once food leaves the mouth, it travels via an active squeezing mechanism, (peristalsis), through the esophagus (throat), to the stomach which lies just below the rib cage. A circle of muscle around the lower esophagus just before the stomach which is known as the lower esophageal sphincter, (LES), keeps the stomach contents, including the acid made there, from squirting, (refluxing), back into the esophagus. In GERD, the LES does not close properly. GERD occurs when stomach contents, including the acid, reflux up into the esophagus. The very young have especially immature LES. Acid contact with the very sensitive lining of the esophagus and throat causes burning - just like sunburn on the skin.



As in sunburn and skin, reflux can and is most often silent, until a problem arises. Almost everyone has experienced some reflux in their life, but the disease (GERD) occurs when reflux happens on a frequent basis often over a long period of time (2). Reflux may reach the laryngopharynx, (voice box and throat) and is then referred to as Laryngopharyngeal Reflux (LPR).

GERD/LPR Symptoms and You

This is very variable - as stated above, it may be silent. Symptoms may include persistent heartburn, acid regurgitation, nausea, hoarseness in the morning, or trouble swallowing (2). Some may experience such severe chest pain as to mimic a heart attack. GERD can also cause a dry cough and bad breath. Some people with LPR may feel as if they have food stuck in their throat, a bitter taste in the mouth on waking, or difficulty breathing, although this is uncommon. In infants & children, LPR may cause breathing problems such as: cough, hoarseness, stridor (noisy breathing), croup, asthma, sleep disorders, feeding difficulty (spitting up), turning blue (cyanosis), aspiration, pauses in breathing (apnea), apparent life threatening event (ALTE), and even a severe deficiency in growth. Proper treatment of LPR, especially in children, is critical (2). Symptoms **twice a week** or more mean you may have GERD or LPR. For proper diagnosis and treatment, you should be evaluated by your Otolaryngologist (ENT Doctor).

GERD / LPR and Your ENT Doctor

As stated, there are ear, nose, and throat problems either caused by or associated with GERD and LPR. An otolaryngologist-head and neck surgeon has the tools and expertise to diagnose GERD and LPR. They treat many of the complications of GERD/LPR, including: sinus and ear infections, throat and laryngeal inflammation and lesions. Often a Gastroenterologist is brought in to assist.

GERD / LPR - Diagnosis and Treatment

Often there is very little to find on physical examination, but the history and specialized evaluation by your ENT, including being able to "scope" the patient immediately is most important. A rigid or flexible "scope" (a telescope that gives a clear view of the larynx) is passed through the nose or mouth with or without local anesthetic. An empiric trial of treatment with a Proton Pump Inhibitor (PPI) drug (reduces the stomach's acid production) can often clinch the diagnosis. This is not recommended without adequate clinical evaluation.

Tests may be needed; Gastroscopy, biopsy, x-ray, 24 hour pH probe, acid reflux testing, esophageal motility testing (manometry), emptying studies of the stomach, and esophageal acid perfusion test. Endoscopic examination, biopsy, and x-ray may be performed as an outpatient or in a hospital setting.

Currently, Health Care Insurers may insist on specific tests, some perceived as unreliable by ENT surgeons. Most insurance companies do not pay for GERD/LPR medications out of their chronic drug allocation. It is advisable that the patient negotiates directly with your medical aid fund manager. It is imperative to not stop GERD/LPR medications without consulting with your Doctor.

Some of the consequences of GERD/LPR include: bad breath, swallowing disorders, hoarseness, sinusitis, cough, chronic laryngitis, chronic esophagitis, airway obstruction, nasal obstruction, cancer of the esophagus and emphysema.

The goal of treatment is to keep stomach acid and other irritating substances out of the esophagus and throat. Treatment allows healing of the damaged esophagus and voice box as well as prevents further damage. Most will respond favorably to a combination of lifestyle changes and medication. Proton Pump Inhibitors (PPIs) are the drug treatment of choice in most. Other medications include antacids, histamine antagonists, pro-motility drugs, and foam barrier medications (2). Only occasionally is surgery recommended. The fundoplication operation is the operation of choice - stomach wraparound to tighten the LES, but if done in the wrong patient may cause more problems.

GERD / LPR - lifestyle changes
Adult **(2)**

1. Avoid eating and drinking within two to three hours prior to bedtime.
2. Limit alcohol consumption and lose weight if overweight.
3. Eat slowly -small and more frequent meals.
4. Limit problem foods: Caffeine, Carbonated drinks, Chocolate, Peppermint, Tomato and citrus foods, Fatty and fried foods.
5. Quit smoking.
6. Wear loose clothing.

Children

1. Avoid feeding at night - especially bottles.
2. Avoid bottle feeding - constant "full" stomach.
3. Feed upright.