Gastroesophageal Reflux Disease

Heartburn, acid reflux, and acid indigestion are all terms used to describe a burning feeling in the chest or a backwash of stomach contents into the mouth or the esophagus (the tube that connects the throat to the stomach).

If you have these symptoms more than twice a week for more than a few weeks, you may be diagnosed as having **gastroesophageal reflux disease** (**GERD**).

Symptoms

The most common symptoms of GERD are a burning feeling in the chest (heartburn) and regurgitating food or liquid into the throat. Other symptoms include dry, chronic cough; wheezing or asthma; sore throat or hoarseness; and tooth erosion.

If you have pain or pressure in your chest, shortness of breath, nausea or vomiting, or back or arm pain, you might be experiencing a heart attack. Seek emergency medical attention right away.

Diagnosis

Your doctor will most likely diagnose GERD based on your symptoms and whether your symptoms improve with medication. Other tests that are sometimes used include

- Endoscopy, in which the doctor uses a video camera to look at the esophagus
- X-ray scans of the upper gastrointestinal tract to look for narrowing of the esophagus or other problems
- Manometry to measure the muscle contractions of the esophagus

Treatment

There are a number of treatments you can try at home. You may need to use 1 or more treatments on an ongoing basis.

- **Medication:** Over-the-counter medications include antacids and 2 types of medicines that reduce stomach acid: H_2 receptor blockers (such as ranitidine) and proton pump inhibitors (such as omeprazole).
- **Changes in diet:** Some people find it helpful to avoid eating or drinking chocolate, coffee, peppermint, greasy or spicy foods, tomato products, and alcohol.

Other treatments include quitting smoking, avoiding overeating, avoiding eating within 2 to 3 hours before bedtime, and trying to lose weight if you are overweight. If your symptoms are worse at night, it may help to prop up the head of your bed about 6 to 8 inches. Using extra pillows will not help GERD.

Surgery

Sometimes doctors recommend surgery for GERD, most commonly laparoscopic fundoplication. This procedure involves folding the top portion of the stomach over the opening of the esophagus to prevent backwash of contents. In some cases, the doctor may recommend weight loss surgery.

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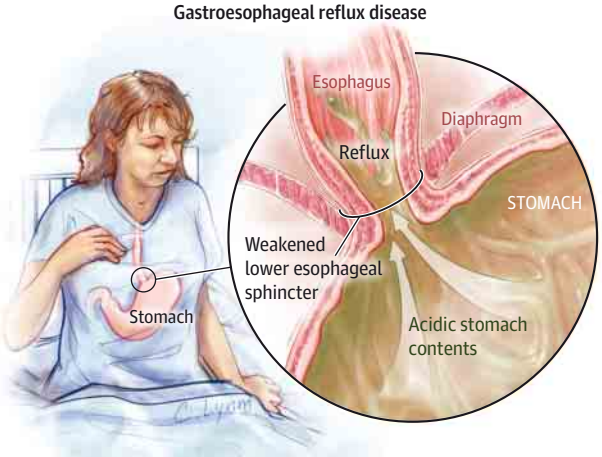

Reflux occurs when your **esophageal sphincter** does not close properly. This allows food or acid **reflux** to wash back up into your **esophagus**, causing irritation. Treatments include over-the-counter and prescription antacid medications, diet and lifestyle changes, and surgery.

Complications

Left untreated, GERD can cause problems in the esophagus, including ulcers, swallowing problems, or Barrett esophagus, a condition that increases risk of esophageal cancer.

FOR MORE INFORMATION

- National Library of Medicine
  digestive.niddk.nih.gov/ddiseases/pubs/gerd

To find this and previous JAMA Patient Pages, go to the Patient Page link on *JAMA*'s website at *jama.com*. Many are available in English and Spanish. An article on laparoscopic antireflux surgery vs esomeprazole treatment for chronic GERD was published in the May 18, 2011, issue of *JAMA*. A clinical review of Barrett esophagus and risk of esophageal cancer and accompanying online video were published in the August 14, 2013, issue of *JAMA*.

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