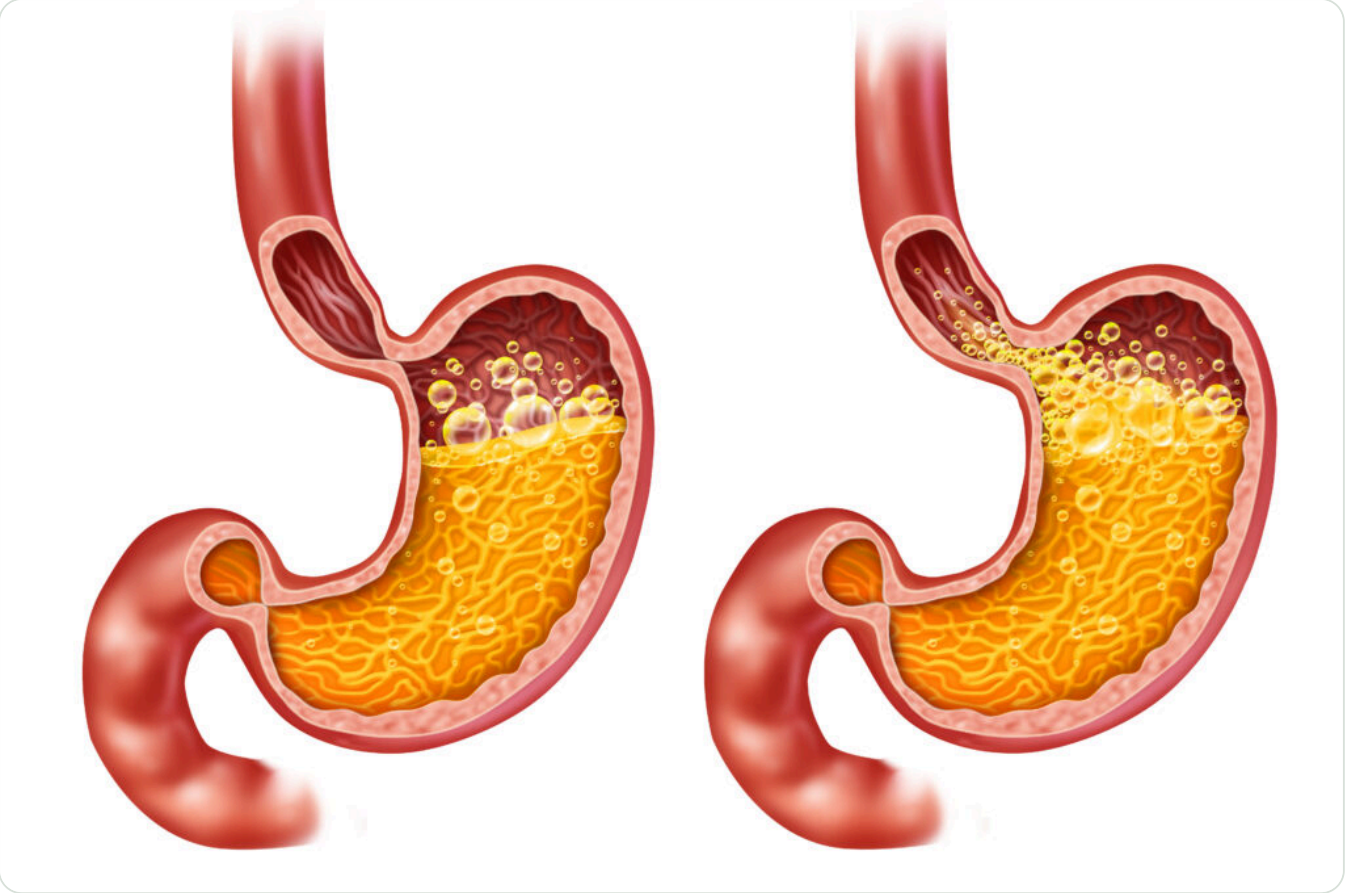

▫ When Stomach Acid Travels the Wrong Way: A Guide to GERD (Reflux)

Do you often have a burning sensation in your chest after a meal? Do you experience acid regurgitation or an unpleasant taste in your mouth, especially when lying down? You are not alone. These symptoms can be signs of **Gastro-oesophageal Reflux Disease (GERD)** - one of the most common digestive disorders in the Western world.

GERD is more than just common occasional **heartburn**. It is a chronic condition that occurs when stomach acid repeatedly flows back from the stomach into the food pipe (oesophagus).

What is GERD, and Why Does It Happen?

Between your oesophagus and your stomach sits a ring-shaped muscle called the **lower oesophageal sphincter (LOS)**.

The LOS acts as a one-way valve:

- **Normally:** It relaxes to let food pass into the stomach and closes immediately and tightly to prevent stomach contents from flowing back.
- **In GERD:** The LOS muscle becomes weak or opens inappropriately, allowing stomach acid to flow up into the oesophagus.

The lining of the oesophagus is not designed to withstand strong stomach acid. When this happens frequently, irritation and inflammation occur in the lining, creating the well-known, painful symptoms.

▫ The Most Common Symptoms of GERD

The classic symptoms of GERD are primarily digestive-related, but the condition can also cause atypical symptoms:

Classic Symptoms

- **Heartburn (pyrosis):** A burning sensation behind the breastbone that often radiates up towards the throat. Symptoms typically worsen after meals, during heavy lifting, or when lying down.
- **Acid regurgitation:** The backflow of acid fluid or undigested food into the throat or mouth.

Atypical/Extra-oesophageal Symptoms

- **Chronic cough or hoarseness.**
- **Feeling of a lump in the throat** (**globus sensation**).
- **Chest pain,** which can be mistaken for heart pain - **NB: Always seek medical attention for sudden, severe chest pain!**
- **Difficulty swallowing** (dysphagia) or pain when swallowing (**odynophagia**).

▫ Which Factors Increase the Risk?

GERD is often caused by a combination of factors that increase pressure in the abdomen or weaken the LOS function.

Causal Factors	Explanation
Overweight/Obesity	Increased fatty tissue on the abdomen puts constant pressure on the stomach and the sphincter.
Hiatus Hernia	Part of the stomach slides up through an opening in the diaphragm, which can weaken the LOS.
Pregnancy	Hormonal changes and increased pressure from the foetus.
Lifestyle Habits	Smoking (nicotine weakens the sphincter) and a high intake of alcohol.
Certain Foods	Foods that relax the LOS (e.g., chocolate, peppermint, fatty foods) or irritate the lining (e.g., coffee, citrus fruits, tomatoes).
Late/Large Meals	Eating close to bedtime or consuming very large quantities of food increases acid production.

▫ The Path to Relief: Treatment and Lifestyle

The treatment of GERD has two primary goals: to reduce acid reflux and to soothe and heal the lining of the oesophagus.

1. **Lifestyle Changes (Your First Line of Defence)**

For many people, simple adjustments in everyday life are highly effective:

- **Weight Loss:** If you are overweight, even modest weight loss can reduce the pressure.
- **Elevate the Head of the Bed:** Raise the head of the bed by 15-20 cm (e.g., by placing blocks under the bed legs). This uses gravity to keep the acid down, especially for nocturnal symptoms.
- **Avoid Late Meals:** Do not eat during the last **2-3 hours** before bedtime.
- **Identify and Avoid "Triggers":** Cut down on coffee, chocolate, alcohol, spicy and fatty foods if they worsen your symptoms.

- **Stop Smoking:** Nicotine is known to relax the LOS muscle.

2. **Medical Treatment**

Depending on the severity and frequency of symptoms, your doctor may recommend:

- **Antacids and Barrier Agents:** Used for mild and sporadic heartburn. They neutralise stomach acid quickly or form a foaming barrier on top of the stomach contents (e.g., alginates).
- **Acid Suppressants (PPIs - Proton Pump Inhibitors):** These are the most effective medications for blocking acid production and giving the oesophagus time to heal. They are typically used in a course of 4-8 weeks to treat inflammation and can be used continuously at the lowest effective dose to maintain symptom control.

Important: If you experience **difficulty swallowing, unexplained weight loss, or blood in stool/vomit**, you must contact your doctor immediately, as these are signs that require further investigation (e.g., gastroscopy) to rule out more serious conditions.

Key Takeaways

- GERD (Gastro-oesophageal Reflux Disease) is a chronic condition where stomach acid flows back into the oesophagus, causing unpleasant symptoms.
- Classic symptoms include heartburn and acid regurgitation, while atypical symptoms can include chronic cough, chest pain, and difficulty swallowing.
- Factors such as obesity, pregnancy, and certain foods can increase the risk of GERD.
- Lifestyle changes such as weight loss, elevating the head of the bed, and avoiding triggers can relieve symptoms.
- Medical treatments include antacids and acid suppressants to reduce acid production and protect the oesophagus.

Estimated reading time: 4 Minutes

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