



Gastro-Oesophageal Reflux Disease / Acid Reflux

Gastro-Oesophageal Reflux Disease (GERD) is a common digestive disorder affecting the lower oesophageal sphincter (a ring of muscle surrounding the opening from the oesophagus to the stomach, which opens to allow food to enter the stomach and then closes to stop the contents of the stomach passing back up to the oesophagus). If the lower oesophageal sphincter doesn't close all the way or opens too often acid from the stomach can move up into your oesophagus and cause pain and damage to the mucous membrane lining of the oesophagus.

Acid reflux and 'heartburn' affects around 40% of UK adults and affects women more than men, especially in pregnancy as the growing foetus puts pressure on the internal organs. The highest incidence of GERD occurs in those aged 55-64

Symptoms include:

- Heartburn – pain/discomfort just below the breastbone. This is usually worse after eating or lying down
- Regurgitation of acid into the throat
- Persistent cough
- Difficulty swallowing

The GP may prescribe:

- Proton Pump Inhibitors (PPIs) to reduce the production of stomach acid.
- Prokinetics to enhance gut motility
- Antacids to neutralize the acidity of the stomach
- H2-Receptor Antagonists to block histamine 2, responsible for triggering acid production

These medications may be important for managing symptoms but may not address the root-cause of the problem and may also have some negative implications on digestion

Possible causes

- Low stomach acid which results in fermentation of carbohydrates increasing hydrogen gas and pressure in the stomach
- Helicobacter pylori (also known as H pylori) infection. H Pylori is a bacteria that can inhabit the stomach. Increased hydrogen increases this and other pathogenic organisms. H pylori can suppress stomach acid secretion compounding the problem
- Connective tissue weakness which may weaken the lower oesophageal sphincter and increase the risk of hiatus hernia
- Medications including calcium channel blockers, NSAIDs, SSRIs, corticosteroids and nitrates – these can relax the lower oesophageal sphincter
- PPIs may encourage H pylori proliferation and also inhibit absorption of vitamin B12 and zinc, needed by the body to make stomach acid.
NB it is very important not to discontinue any medication without consulting your GP or medical practitioner. Discontinuing PPIs can cause rebound over secretion of stomach acid
- Being overweight may increase pressure on the stomach, weakening the lower oesophageal sphincter
- Large or fatty meals may stay in the stomach longer, which can increase acidity levels and pressure on the sphincter. Eating too close to bedtime or exercise may also be problematic
- Trigger foods include alcohol, caffeine, spicy food, chocolate, cheese, fried foods. For some people citrus, tomato, peppers, onions and garlic may also contribute
- Peppermint is contra-indicated in reflux as it may relax the lower oesophageal sphincter
- Stress, smoking and lack of exercise

Recommendations

- Consider stool testing to rule out H pylori infection
- Chew your food thoroughly and eat slowly to ensure you physically break down your food and give the body a chance to produce stomach acid and other digestive secretions.
- Avoid drinking too much fluid with meals, which can dilute stomach acid
- Avoid trigger foods and large meals
- Helpful phytonutrients include slippery elm, gamma oryzanol, marshmallow, cabagin (from cabbages), aloe vera and rice bran oil to help soothe and repair mucous membranes, normalize gastric secretions. There are some useful supplements to consider but need to be recommended on a one-to-one basis after suitability has been assessed
- Raise the head of your bed by a 4-6 inches, eg using a couple of wood blocks or thick books
- Leave at least 2-3 hours after eating before lying down

Please note the information given here does not replace any medical advice and it is important to consult a medical practitioner regarding any health concerns. Seek urgent medical attention for any red flag symptoms such as blood in sputum, vomit or stools, persistent cough, difficulty swallowing, unexplained weight loss

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