

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Currently, millions of otherwise healthy people suffer from heartburn at least once a month. And many more endure heartburn as often as once a day.

Hello, I'm Dr. Mark Pochapin Director of the Jay Monahan Center at the Weill Medical College of Cornell University.

In fact, a history of significant heartburn may actually increase your risk of cancer of the esophagus.

Heartburn is also a symptom of Gastroesophageal Reflux Disease, a potentially debilitating digestive disorder.

In *Relieving Recurrent Heartburn*, you'll learn how to recognize the warning signs, and what treatments can help you and your physician defeat this painful condition.

Jim Richardson, Patient

"I would wake up in the middle of the night with reflux up in my throat, it tasted like battery acid."

Sylvia Pubchara, Patient

"Usually when I ate certain kinds of foods it would just start in my stomach and it would go up. And it did get worse with time."

Jorge Sosa, MD

"The lining of the stomach is designed to break down food with a lot of acid. The lining of the esophagus is not. So when acid comes and burns the esophagus it becomes quite painful and bothersome."

Narrator

The discomfort that patients describe is actually the result of stomach acid irritating the lining of the esophagus. If it occurs frequently it signifies a serious problem that requires the attention of a medical professional.

Here's how the digestive process is supposed to work. Food moves from the esophagus into the stomach where the digestive process begins with stomach acid and enzymes. A small muscle at the end of the esophagus called the lower esophageal sphincter keeps the stomach acid from moving back up into the esophagus and irritating its delicate lining.

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

In patients who experience gastro esophageal reflux, the lower esophageal sphincter muscle relaxes during stomach contractions and allows acidic stomach contents to flow back into the esophagus, which is why patients with reflux disease may have an intense burning sensation.

Malcolm Robinson, MD

“The real problem in patients who have this disease called GERD is that they have an abnormality in the way the esophagus works. The muscle between the esophagus and the stomach which normally prevents acid from coming from the stomach into the esophagus may relax too frequently or may have a weak tone all the time. The esophagus may not be able to contract properly and that brings acid back in from the stomach. Once the acid is in the esophagus the stomach itself may not empty well.”

David Earnest, MD

“We believe heartburn is caused by acid coming up from the stomach and irritating the delicate tissues of the lower end of the esophagus. This is the sensation that many people feel as an upward moving pain that may actually get all the way into their throat. But it’s really a burning type of discomfort that’s often right behind the breast bone, and it seems to be related primarily to excess stomach acid bathing the lower esophagus.”

Narrator

Some foods are known to cause the sphincter muscle to relax, acidic foods like tomato sauce, spicy foods, chocolate and alcoholic beverages.

The type of food that the patient eats can contribute to reflux disease. High fat meals take more time to digest which keeps food in the stomach longer thus generating more opportunity for the acid to flow back. Gravity can also play a role in decreasing reflux. If a person remains seated or standing, the upright posture can help keep stomach acid in place.

Which is why the primary symptoms of gastro esophageal reflux disease tend to occur after meals when the stomach has been stimulated and at night or any other time when a patient lies down. So a typical scenario would be a middle-aged man goes to dinner at a French restaurant and has a high fat meal with a couple of glasses of wine and chocolate mousse for dessert. He comes home and goes to bed. A little while later that unmistakable burning sensation wakes him up. Having a meal like this can give anyone heartburn, so if that happens once or twice a year it’s simple heartburn. If it happens once or twice every week it’s reflux disease.

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Jorge Sosa, MD

“People with Gerd have chronic long lasting daily heartburn and other associated symptoms occasionally some bleeding, and a very bitter taste in the mouths. At night they wake up choking because the contents of the stomach have come not only into the esophagus but down into the lungs.”

Wayne Poller, Patient

“If I would eat after eight o’clock I can guarantee you once it got around 12:30 or one o’clock at night while I’m asleep I would wake up with, it was like heartburn, indigestion a nauseated feeling and I would have to rush to the bathroom it would come up I would just have to regurgitate so to speak sometime in order to be able to relax. I couldn’t go back and lay down quickly. I just had to sit up. A lot of times I slept in a recliner.”

Richard Hunt, MD

“We always encourage patients with gastro esophageal reflux disease to eat relatively small meals to keep the fat down and also to drink fluid with their meals and particularly if they are taking medications always to take those sitting up or standing up together with a large glass of water to ensure that the medication passes through the gullet and into the stomach.

Narrator

Elevating the bed can help patients sleep. It starts by raising the legs at the head of the bed by at least two inches.

Anything that keeps the front part of the body elevated can limit reflux.

Other factors that exacerbate reflux include being overweight and overeating, which can increase the intra-abdominal pressure on internal organs and cause the lower esophageal sphincter to relax.

Jorge Sosa, MD

“ When you over extend the stomach, the pouch, it tends to put a lot of pressure on that valve and it may exceed the pressure of that valve causing the reflux. Secondly, folks who have overeaten tend to be obese when you’re very obese that constant intra-abdominal pressure forces that valve open all the time.”

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Narrator

Gastro esophageal reflux disease may be exacerbated by life style and eating habits, it can also be the result of a physical condition. Doctors describe Hiatal hernia as a condition where a patient's stomach slides above the diaphragm, the muscle separating the stomach from the chest. This physical condition can allow stomach acid to flow back into the esophagus.

Symptoms of reflux disease may also include an uncomfortable burning sensation behind the breastbone, moving upward from the stomach and radiating to the neck. Some sufferers with reflux may experience a squeezing or cramping pain in their chest which maybe mistaken for a heart attack or other symptoms of coronary artery disease like angina. For some patients the reflux causes acid to flow high enough to irritate the throat or vocal cords causing hoarseness. Or it may irritate bronchial tubes triggering a chronic cough and symptoms of asthma.

Jorge Sosa, MD

“It's not just a matter that its uncomfortable it is actually causing damage to your esophagus damage that can cause several problems.

Let's talk about directly to the esophagus. It will burn the esophagus. It will scar the esophagus. It will cause bleeding in the esophagus. Once you burn it enough, it can scar so severely that you get a strictures and you are no longer able to swallow normally.”

Sylvia Pubchara, Patient

“It was like you were choking like when you would try to swallow you wouldn't swallow it right away. It would kind of get stuck you would have to chew really really well and swallow slowly.”

Narrator

Millions of reflux patients may believe they just have heartburn and take over the counter antacids which only briefly neutralize the acid and do not deal with the problem.

Kevin Dougherty, Patient

“If I happened to run out of antacids, I was in severe pain until I could get some. And my life would stop until I would go to the store and buy some antacids.”

Jim Richardson, Patient

“I would take handfuls of the pills, the liquids, and the sodas, and tried everything, and none of it worked. It was just so bad, that you just thought you were gonna, at times you thought you were going to die.”

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Narrator

Patients having frequent symptoms must accept the fact that this is not occasional heartburn and they need to consult their doctor to get a proper diagnosis and begin therapy. We'll explore the options for reflux patients when we return.

Narrator

Over 50 percent of frequent heartburn sufferers see their physician for information on their condition. The extent or severity of gastro esophageal reflux disease is often best diagnosed by a gastroenterologist, a digestive disease professional whose practice is devoted to the diagnosis and treatment of problems related to the digestive tract.

David Earnest, MD

"I feel that patients with chronic heartburn and Gerd need to have an evaluation to find out how severe it is because the treatment for more severe degrees of Gerd: ulceration, or Barrett's epithelium, really is very different than the mild degrees."

Sylvia Pubchara, Patient

"The heartburn got really bad also with the swallowing I couldn't swallow well. I knew something had to be really wrong so I decided to go a doctor at that point."

Narrator

An endoscopy may be needed. In this procedure doctors look down into the esophagus. Normally the esophagus is lined with white tissue and the stomach is lined with red mucus secreting tissue that is resistant to acid.

Malcolm Robinson, MD

"Endoscopy — direct visualization of the esophagus with an endoscope — is an excellent way to see damage with this disease. And probably an even better way is to monitor the acidity in the esophagus with a PH probe or electrodes, which will tell you how much of the time during day and night, over 24 hours is acid in the esophagus."

Narrator

The endoscopy allows doctors to view where the esophagus has been irritated. Sometimes the actual esophageal lining has undergone change in response to the chronic inflammation a condition called Barrett's esophagus. The gastroenterologist may take a biopsy to determine if the condition exists which can put a patient at risk for cancer forming in the esophagus.

Jorge Sosa, MD

"That continuous burning has been shown to cause changes in the esophagus that are pre-cancerous. If they continue for a long time you can actually develop cancer of the esophagus as a result of significant reflux."

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Narrator

The objectives in treating reflux disease include relieving the symptoms, healing the damaged area and avoiding complications such as bleeding or scarring of the esophagus. Treatment is based on the physician's estimate of the damage to the esophageal lining.

Histamine 2 blockers such as Zantac, Tagamet, Pepcid and Axid.

continue to be the most frequently used drugs in treating reflux disease symptoms, and have been found safe even with prolonged use.

Histamine 2 Blockers inhibit the stimulation of stomach acid production.

Daily doses of histamine 2 blockers are the standard therapy for mild to moderate reflux disease and can be purchased over the counter.

David Earnest, MD

"An important advance in our use of H2 receptor blockers has been the fact that we need to use them at least two and possibly three times a day, and we may need to raise the dose a little bit. The doses that we used in the past to heal ulcers are really not adequate for GERD, so higher doses or a little more frequent dosing seems to be a lot more effective."

Narrator

A more powerful approach to suppression of stomach acid is the use of proton pump inhibitors, such as Nexium, Prilosec, Prevacid, and Aciphex. These drugs are potent inhibitors of acid secretion and block the final common pathway of acid release into the stomach. The use of these medications may be particularly helpful for patients with more severe reflux disease, where maximum control of acid production is necessary.

Mainly available by prescription, Prilosec can be obtained over the counter.

Jorge Sosa, MD

"The proton pump inhibitors they tend to be a lot more effective and stronger and work much better. You can still use some H2's but most doctors now days prescribe the proton pump inhibitors."

Narrator

Reflux patient Ed Ashby uses proton pump inhibitors after years of discomfort and pain following meals. It took him some time to adjust to the idea of eating a meal and truly relaxing afterwards.

Ed Ashby, Patient

"I was a little careful for the first month or so because I really didn't believe it. But it was so dramatic that after a couple, two months, I totally ignored my condition. I just could take the medication and live precisely as a person would without the condition."

Richard Hunt, MD

"For those with gastro esophageal reflux disease it usually means a lifetime of drugs which suppress acid

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Narrator

But sometimes medication is not enough. In those cases there is the option of anti reflux surgery.

Richard Hunt, MD

. And for younger patients or those with troublesome regurgitation a surgical intervention maybe helpful after appropriate consultation and evaluation a specialist gastroenterologist.”

Narrator

Coming up we'll see what factors make surgery an appropriate remedy for reflux disease.

* * *

Narrator

Anti reflux surgery is an option when life style changes plus drug therapy do not suffice. With earlier types of surgery, the recovery period was prolonged. The new generation of surgical corrections are associated with less pain and a quicker return to normal activity one such procedure is called a stomach wrap.

Jorge Sosa, MD

The surgical option: what we do is we construct a new valve to take the place of the valve that's ruined. The way it works is we actually take the upper part of the stomach and wrap it around the esophagus so it ends up looking like a hotdog with the esophagus or swallowing tube in the middle wrapped around by stomach. When the stomach either by eating or by normal physiology gets full or has acid it actually exerts a pressure on that part of the stomach that pinches off the esophagus. It works like a hydrostatic valve. Essentially after you eat since the volume of your stomach is bigger that actual volume helps close off your esophagus.”

Narrator

Sylvia Puchara decided on surgery due to the fact that she was still limited to what she could eat even with medication. The idea of surgery stopping the symptoms of reflux disease made sense.

Sylvia Pubchara, Patient

“ They told me I can keep on taking medication for the rest of my life or I can have this procedure done and because I was so young I thought that the procedure, that surgery would be better.

I can eat anything that I want I don't get heartburn anymore at all I don't have difficulty swallowing.”

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Narrator

Medications and lifestyle changes were not enough to stop Wayne Poller's discomfort. At times the pain caused by the reflux made Wayne feel like was having a heart attack. Finally the reflux disease symptoms became too powerful to handle with medication alone.

Wayne Poller, Patient

"It took me a year to decide I was going to have surgery I was scared to go into surgery because you know you don't want to be cut.

To have the surgery it was I just had one really bad night and I went right to the doctor and he says there is nothing else I can do for you there is no other medication I can give to you and at that particular time I decided to have the surgery."

David Earnest, MD

"So whom do we do this for? Patients who fail therapy, patients who may have bareseptaphilia and may want to minimize the reflux to reduce the risk of cancer, possibly younger patients who would be looking at a lifetime of medical treatment. These are all situations in which we would consider surgery."

Narrator

Keep in mind any kind of surgery has risks and anti reflux surgery has serious risks including internal bleeding and infection. Patients considering anti reflux surgery should explore that option with their gastroenterologist.

Narrator

While reflux disease is a serious condition, it can be managed with the appropriate treatment. More about managing reflux when we return.

* * *

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

Narrator

Much progress has been made in treating the symptoms of gastro esophageal reflux disease. But it appears that reflux disease can be a chronic disorder in most patients and must be managed with life long therapy.

Reaching an accurate diagnosis requires a complete medical history and a physical exam. Many patients will have to undergo extensive diagnostic evaluations. The partnership and cooperation between patient and gastroenterologists is the vital component to managing the disease and its symptoms.

David Earnest, MD

“One of the unfortunate things we’ve learned in the last few years is that GERD is a chronic problem. That means that the symptoms are going to be there; people need to be aware of this. They need to stay in touch with their physician because this does not go away.”

Narrator

Also, patients must be careful not to confuse reflux disease symptoms, with the warning signs of a much more serious, possibly life-threatening condition.

Also, patients must be careful not to confuse reflux disease symptoms, with the warning signs of a much more serious, possibly life-threatening condition.

Jorge Sosa, MD

“It’s very important never to assume it’s just heartburn, it’s just indigestion. If you are having significant chest pain it’s very important to evaluate the heart first. Why? GERD is a bad disease but it’s a long-term disease. A heart attack will kill you very quickly if you ignore it. So the advice we always give folks is if you’re having chest pains, don’t just say it’s indigestion. It maybe. Don’t just says it’s heartburn, it maybe. But most important let’s make sure your heart is ok and there are many good easy tests to do to make sure a person is not having a heart attack.”

Narrator

But if reflux disease truly is the cause of the discomfort, understand that it can be treated, managed and controlled through diet modification, losing weight if necessary, acid reflux medications and possibly surgery. That prescription has worked for millions who once suffered with recurrent heartburn, and now have found a pain free way to live.

Wayne Poller, Patient

“My food is fantastic I can taste things. I can eat just about anything I like anything I want to eat I can eat. I can eat chocolate.”

Sylvia Pubchara, Patient

“I’m not in pain any more I don’t have to sleep at an angle you know a lot things changed back to normal.”

THE PATIENT CHANNEL PRESENTS-Relieving Recurrent Heartburn

* * *

This program was reviewed by:

Bruce B. Dan, MD
Managing Editor
The Patient Channel

Mark B. Pochapin, MD
Weill Cornell Medical College
New York City

For more information on Gastro Esophageal Reflux Disease contact the American Gastroenterological Association @

www.gastro.org