

Gastric reflux is common but may indicate a more serious health issue

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Credit: University of Kentucky

GERD, or gastroesophageal reflux disease, is an extremely common problem seen by both primary care providers and specialists in gastroenterology. It is estimated that 10 to 20 percent of adults in the western world are suffering from this ailment at any given time.

Multiple studies have documented a direct connection between

increasing [body mass index](#) and worsening [symptoms](#) of acid [reflux](#). With the current obesity epidemic in our country, which has taken a particularly heavy toll on the population of Kentucky, GERD is sure to effect a growing number of people in our community in the near future.

Classic symptoms of GERD include a burning feeling in one's chest, the sensation of food in the back of the throat, sour/acidic taste in the mouth, cough, hoarseness or even outright regurgitation of food. These symptoms are often triggered by eating or laying down, and more particularly, poor eating habits or ingestion of foods known to trigger reflux. These easily avoidable eating habits include binge eating or ingestion of a few large meals throughout the day and eating within three hours of bedtime.

Foods which are known to be associated with reflux include citrus, tomatoes, garlic, onions, mint/peppermint, chocolate and greasy/fatty/spicy foods. Ingestion of alcohol, caffeine and smoking (even second hand) are also particularly problematic.

Many patients may self- medicate with OTC treatments such as calcium carbonate, ranitidine, omeprazole or even esomeprazole. As a general rule, it is not advisable to continue daily or long term reflux treatments without advice from a medical professional. The reasoning behind this recommendation is twofold. Persistent reflux may indicate a more serious medical issue and chronic usage of antacids can effect absorption of important vitamins and minerals in your GI tract increasing risk for problems such as osteoporosis, vitamin deficiencies and electrolyte abnormalities.

Alarm symptoms that should trigger a visit to your local health care provider include difficult or painful swallowing, vomiting, unintentional [weight loss](#), anemia, visible bleeding or black stools. In most cases, primary care providers can adequately and effectively treat mild to

moderate acid reflux without the need for referral to a specialty provider. Non-medicinal interventions such as weight loss, dietary changes and even raising the head of your bed at night can be extremely effective in preventing or minimizing recurrent episodes of reflux. Endoscopy is generally not recommended unless reflux is resistant to treatment or alarm symptoms are present.

GERD is an extremely common phenomenon that is bound to become even more prevalent with the worsening obesity epidemic in the United States. While over the counter treatments for [acid reflux](#) abound, persistent or alarm symptoms should always prompt consultation with a health care professional.

Primary care/family medicine professionals represent the front line for treatment of reflux and the gateway for referral to gastroenterology for refractory or alarm symptoms. They are also an excellent resource for behavioral/dietary management of chronic or intermittent reflux.

Provided by University of Kentucky

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