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**THE LEADER IN ALLERGY
TREATMENT SINCE 1925**

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ACID REFLUX

Acid reflux or GERD occurs when gas, liquid or food particles in the stomach return back up the esophagus (food tube) into the back of the throat (pharynx), mouth, nose, sinuses, middle ear tube (Eustachian tube), or middle ear. This results in irritation (inflammation) and discomfort of these areas. It is important to note that patients don't always feel the irritation and the symptoms can be 'silent'. When this occurs, your doctor might see evidence on your physical exam or note other symptoms that are concerning for reflux.

When the reflux enters the upper airway, it is called laryngeal pharyngeal reflux or LPR. When this occurs, it is called GERD/LPR. Unfortunately, up to 60% of the population will have reflux one or more times per week.

As many as 75% of individuals with asthma are at higher risk of experiencing acid reflux symptoms. In fact, asthmatics are twice as likely to have GERD. Many severe asthmatics have GERD that makes their asthma more challenging to treat. The stomach contents may trigger nerves associated with asthma (particularly cough) or can actually enter the airways (aspiration) resulting in spasm, irritation and asthma symptoms. For these reasons, reflux needs to be considered in individuals with asthma.

SIGNS AND SYMPTOMS OF GERD/LPR:

- Nasal congestion and sometimes runny nose
- Postnasal drainage
- Cough
- Hoarseness (particularly in the morning), throat irritation/burning
- Unusual or bitter taste in the mouth or the back of the throat (brackish water)
- Difficulty swallowing or choking (particularly at night)
- Recurrent sore throat, pneumonia, bronchitis, sinusitis, or ear infections
- Constant throat clearing
- Bad breath (halitosis)
- Burning chest pain (can mimic heart attacks)
- Abdominal fullness, gas, or belching after meals
- Chest pain, burning or tightness in the chest after lying down or bending over

If GERD/LPR is diagnosed, your physician may recommend using medications to help block the effects of acid secretion. Anti-acids (like Roloids or Tums) weaken and neutralize the acid in your stomach, but don't effect the production of acid and don't work to prevent symptoms. H2 blockers (like Zantac or Pepcid) lessen the



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production of acid in your stomach and help prevent symptoms. They tend to work longer but are not quick to act so they don't alleviate symptoms quickly. Proton Pump Inhibitors or PPIs (like Prilosec, omeprazole or Nexium) are longer acting and make acid less prevalent in the gut. They work by preventing symptoms and must be taken on an empty stomach 30 minutes prior to eating.

All medications including those for acid reflux have potential side effects and these can be discussed with your provider.

MEASURES THAT MAY HELP ALLEVIATE SYMPTOMS OF GERD/LPR:

- Elevate the head of your bed 6-8 inches (This can be done by placing the top bedposts on cinder blocks or using a wedge under the top of the mattress. Elevating your head on pillows is not as effective.)
- Eat smaller, more frequent meals rather than large ones.
- No eating or drinking at least 3-4 hours before bedtime.
- Drinking fluids of any type before bedtime can result in stretching the stomach opening resulting in reflux.
- Do not skip meals. This can actually result in a 15% increase in daily caloric intake. Skipping meals usually result in overeating of the remaining meals, which can overflow your stomach and increase acid reflux.
- Lose weight, if needed. We know that those who are overweight do not respond as well to GERD meds as those who are of healthy weight.
- Avoid bending over, straining, constipation or wearing tight clothes around the abdomen
- Eliminate the following foods and beverages (totally, if all possible)
 - Caffeinated and/or decaffeinated products
 - Alcohol
 - Carbonated beverages of any type
 - Chocolate
 - Mint (includes gums and toothpaste)
 - All types of citrus
 - Fried foods (includes many spicy or fatty foods)
 - Nicotine of any type
 - Dairy