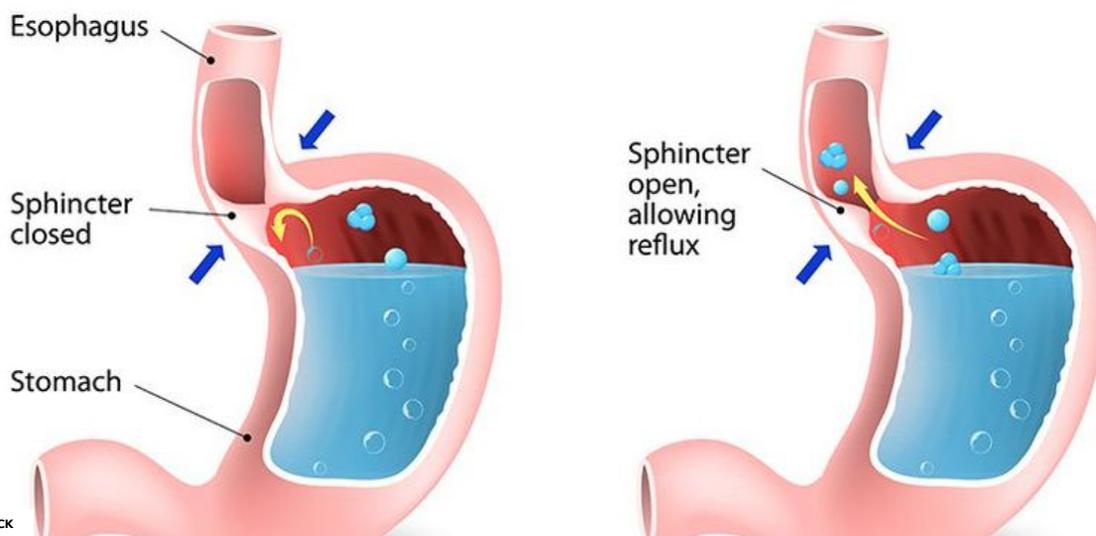


## 8 Things Every Woman Should Know About GERD

By [Judy Koutsky](#) Apr 19, 2016

# Gastroesophageal reflux disease



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"Gastroesophageal reflux disease (GERD) is one of the most common digestive disorders in the US," says Jay N. Yepuri, MD, medical director of endoscopy and special procedures at [Texas Health Harris Methodist HEB Hospital](#). Despite its prevalence—millions have it—you may not be entirely clear on what it is or how to cope with it. So we asked the experts to address some FAQs and clear up the misconceptions.

### Is it the same thing as heartburn or acid reflux?

Not exactly. Many people get [acid reflux](#) from time to time. Reflux refers to the process of stomach acid washing up into the esophagus, where it may cause symptoms including a burning or tightening in the chest (heartburn), difficulty swallowing, a sour taste, or a burning in the throat, says Yepuri. If reflux happens at least twice a week, symptoms interfere with your daily life, or a doctor sees damage to your esophagus, you may be diagnosed with GERD. In short: [Heartburn](#) is one symptom of acid reflux, and chronic acid reflux is called GERD. ([Here's how you can banish heartburn with Prevention's \*The Hormone Fix\*.](#))

### Why does GERD happen?

Digestion is a complex process that begins when you put something in your mouth. "After you swallow, food passes down into the esophagus and the sphincter at the bottom opens briefly," explains [Hiran C. Fernando, MD](#), chief of thoracic surgery at Boston Medical Center. This valve is supposed to shut tight and stay that way as soon as food moves into your stomach and acid is released—but that doesn't always happen. "In a patient with reflux, the valve does not work properly, so stomach contents (including acid) regurgitate into the esophagus," says Fernando.

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### Is it dangerous?



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GERD is mostly uncomfortable—sometimes really uncomfortable. Occasionally the symptoms are severe enough that people head to the ER because they think they're having a heart attack. (Better safe than sorry!) But over time, the condition can become serious: Acid can irritate and wear away the lining of the esophagus, causing inflammation, bleeding, and a precancerous condition called Barrett's esophagus. (It's also been found that people with GERD have a higher risk of (preventable) esophageal cancer.)

**Can you have GERD if you don't get heartburn?**

Yes. Heartburn is the most common symptom, but it's not the only one. Less typical ones include hoarseness, recurrent pneumonias, upper abdominal pain, and a chronic cough, says Yepuri. (And 75% of people with GERD also have asthma.)

**Who's at risk?**

Anyone can get it, but people who are overweight, pregnant, have asthma or diabetes, smoke, or suffer from connective tissue disorders (such as scleroderma) are more likely to get GERD.

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**How is GERD treated?**



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"Usually symptoms are brought on by certain things you eat and drink, including spicy foods, caffeine, tomato-based sauces, and alcohol," says Fernando. Cutting back on trigger foods and eating smaller meals may help. ([This includes coffee.](#))

You also want gravity to work in your favor. That means don't bend over to touch your toes or lie down too soon after eating. Elevating the head of your bed may help, too.

If dietary and lifestyle changes aren't sufficient, OTC antacids, like Tums, can help neutralize stomach acid. Not enough relief? You can take an H2 antagonist, like Zantac, which will reduce the amount of acid you produce in the first place. If you're still suffering, you may need to bring in the big guns: Proton pump inhibitors (PPIs), such as Prilosec, are stronger than H2 blockers and allow time for damaged esophageal tissue to heal.

#### **Are PPIs safe?**

It's unclear, especially when it comes to [using them for the long-haul](#). "The studies and literature in this area are evolving, but concerns include decreased bone mineralization (with an increased fracture risk), low magnesium levels in the blood, an increased risk of pneumonia, and a bowel infection called [C. diff](#) and other GI tract infections," says Yepuri. A recent [study](#), published in *JAMA*, also linked long-term PPI use to an increased risk of dementia.

Many PPIs are now available without a prescription, but if you plan to use them or are already taking one, it's a good idea to ask your doctor to help you weigh the risks and benefits.

#### **Is surgery an option?**

Yes, though it's generally considered a last resort. If you're thinking about going the surgical route, ask your doctor about laparoscopic options, including one that uses a magnetic ring (Linx device) to strengthen the sphincter. You might also want to inquire about a [minimally invasive technique called Stretta](#), which involves targeting the weakened sphincter with low levels of radiofrequency energy.

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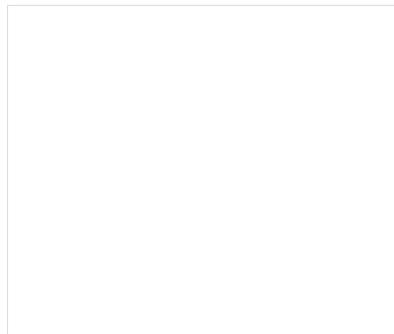
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