

Louisiana Pharmacists Association

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FOR IMMEDIATE RELEASE

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**Louisiana Pharmacists Association Educates Patients About Gastro-Esophageal
Reflux Disease (GERD)**

For those who suffer from gastro-esophageal reflux disease (GERD), the holidays represent a mine field of potential triggers. This season, patients will notice an extensive selection of over-the-counter (OTC) treatment options for GERD at their local pharmacies. This variety of products, in conjunction with extensive advertising and marketing, has resulted in many misconceptions about GERD, its symptoms and treatment.

GERD occurs when the acidic content of the stomach spurts back into the esophagus. This most commonly results from loosening of the lower esophageal sphincter, a muscle that separates the stomach from the esophagus. Normally, the lower esophageal sphincter loosens to allow the passage of food and tightens to keep food in as the stomach goes about digestion. GERD results when acids push through the loosened lower esophageal sphincter and splash on to the esophagus, causing a burning sensation, pressure and in some cases intense pain.

Constant or repeating splashes can cause irritation, erosion and in the extreme scarring of the lower esophagus. It is possible for esophageal cancer to develop out of the scarred tissue. Some people experience indigestion, coughing, difficulty swallowing or gas. Sometimes the pressure and pain are so intense that it becomes impossible even for a health care professional to tell if this is GERD or a heart attack.

Although heartburn is a common symptom of GERD, heartburn must be frequent or severe enough in order to warrant a GERD diagnosis. The symptoms must be severe enough that an

individual's "well-being" is negatively impacted. Transient mild heartburn, that occurs very infrequently and is linked with particular foods or eating just before going to sleep, can usually be treated per episode without complication.

The most important risk factor for GERD is abdominal weight gain. A fat mass over the stomach increases the pressure applied against the lower esophageal sphincter. That is not to say that thin people cannot get GERD. GERD can also be the result of an adverse drug reaction so a conversation with your pharmacist could be quite valuable. Various types of hernias and other physical conditions can also bring on GERD.

Treatments for GERD include a wide range of lifestyle and dietary modifications along with medication management. Foods to avoid include caffeinated beverages, foods high in citric acid, peppermint, garlic, dairy fat and the foods specifically identified by the sufferer. Weight loss and remaining upright after eating are also recommended for symptom prevention. However it is important for anyone with new onset GERD to have a complete and thorough work-up by a physician before beginning any of the treatments listed below.

Proton Pump Inhibitors (Prevacid, Prilosec, Zegrid)

Proton Pump Inhibitors (PPIs) work by acting on stomach cells to reduce acid production. These medications are more suited to preventing than to treating the symptoms of GERD. PPIs are an effective option for healing damage due to GERD. OTC doses are taken daily and can be increased to twice daily if needed. If symptoms persist with twice daily dosing, patients should see a physician. The duration of treatment is important, long term use of PPIs should only occur under physician supervision. The risks associated with PPIs include birth defects (when used by women who are pregnant), osteoporosis and increased risk of infections in the bowels.

H2 Blockers (Tagamet, Pepcid, Zantac)

H2 blockers reduce stomach acid secretion by blocking histamine receptors. Histamine is a major stimulant of stomach acid production. H2 blockers act fast enough to treat acute symptoms but they are not as effective as PPIs at healing damage. H2 blockers are not associated with the long term risks of gastric acid suppression like osteoporosis.

Antacids

Antacids work by neutralizing the acidity of the stomach. Antacids include calcium, aluminum or magnesium paired with hydroxide, carbonate or bicarbonate. Antacids are the best choice for rapid symptom relief, but are the worst choice as solo treatment for GERD. Large doses can result in diarrhea or constipation.

Patients with concerns regarding OTC GERD product selection should consult their local pharmacist. Choosing the most appropriate medication requires considering all the risks and benefits associated with each product. Pharmacists are a great resource for patients to most effectively alleviate their symptoms while minimizing their risk.

References

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The Louisiana Pharmacists Association, established in 1882, strives to promote the interests of all pharmacists of the State of Louisiana. For more information about the LPA and its benefits, contact Julie Fuselier or Phyllis Perron, LPA Co-Executive Directors at 225/346-6883 or visit our website at www.louisianapharmacists.com.

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