



Gastroesophageal Reflux Disease (GERD) & Barrett's Esophagus

What are Gastroesophageal Reflux Disease (GERD) & Barrett's Esophagus?

Gastroesophageal reflux, or acid reflux, occurs when stomach acid moves back up into your esophagus, the tube that carries food from the mouth to the stomach. While this is a normal process for healthy people, you can get irritation of the esophagus that causes bothersome symptoms. When this happens, the problem is called gastroesophageal reflux disease (GERD). It can occur in anyone at any age but is more common if you are obese, pregnant, smoke, or have diabetes, asthma, or a connective tissue disorder.

If you have a long history of GERD, you may be at risk for Barrett's esophagus. This happens because of repeated damage to the lining of the esophagus, causing the normal cells of the esophagus to be replaced by intestinal cells. These cells may develop to protect the esophagus lining from further damage. But they can be a problem because they carry a small risk of becoming cancerous cells. Fortunately, cancer is rare, and it can usually be caught in the pre-cancer stage, before cancer actually develops.

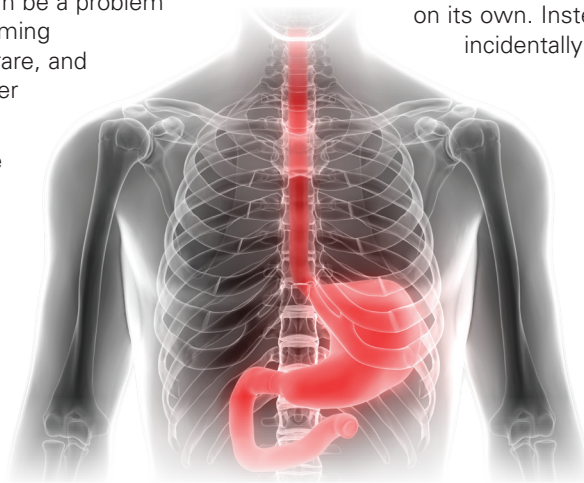
Caucasian men in their 50s and 60s are most likely to get Barrett's esophagus, as are smokers. You are also at risk for Barrett's esophagus if you have a hiatal hernia, which is a bulge of the stomach through the diaphragm. It isn't a very common condition and affects only about 2% of the population.

What are the Symptoms of Gastroesophageal Reflux Disease (GERD) & Barrett's Esophagus?

The symptoms of GERD depend upon your age. Young children may have vomiting or feeling stomach acid or food in their throat or mouth. They may also lose interest in eating and begin to lose weight. Older children and adults may have the following symptoms:

- pain or burning in the mid- to upper-chest
- sour taste in the mouth
- difficulty swallowing
- hoarseness or sore throat
- nausea or vomiting
- waking up at night with nausea or abdominal pain

Barrett's esophagus does not cause any symptoms on its own. Instead, it is something that is found incidentally as part of a work up for GERD.



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How are Gastroesophageal Reflux Disease (GERD) & Barrett's Esophagus Diagnosed?

Your doctor is likely to suspect GERD as the cause of your symptoms based on your medical history and physical exam. If your symptoms are mild, you may be started on a prescription antacid and asked to return in a month or two to see if your symptoms are better.

If your symptoms are more severe you may be scheduled for an upper endoscopy. This involves inserting a long, narrow tube with a light and tiny camera attached to it, through your mouth and down into your esophagus. This allows your doctor to inspect the lining of your esophagus and take biopsies of any areas that look abnormal. The tissue that is taken during the biopsy is sent to the laboratory and checked for signs of damage to the esophagus or Barrett's esophagus by using a microscope.

How are Gastroesophageal Reflux Disease (GERD) & Barrett's Esophagus Treated?

Treatment of GERD usually begins with a few lifestyle changes. These may include raising the head of your bed, losing weight, smoking cessation, eating smaller meals, and not lying down right after you eat. Avoiding foods that can trigger reflux is also commonly recommended. These foods include anything with caffeine, chocolate, peppermint, acidic foods or drinks, and high fat foods.

Lifestyle changes are combined with a prescription antacid medicine to reduce the amount of acid your stomach makes. There are a number of different types of medicine that you may be asked to try before you find one that works well for you.

It is important to continue taking your medication even if your symptoms have stopped. Your doctor will let you know when it is safe to stop taking it.

Surgery is sometimes recommended if you have severe GERD that doesn't get better with medication and lifestyle changes, but this is rare.

If you have Barrett's esophagus and precancerous changes are discovered, you may be asked to increase the dose of your antacid medication and have another endoscopy in 6 to 12 months. If you have more concerning changes or are diagnosed with cancer, you will be referred to a specialist to discuss your treatment options.

What is the Prognosis of Gastroesophageal Reflux Disease (GERD) & Barrett's Esophagus?

Over time, your GERD symptoms may completely go away. But if they don't, you will need to continue taking an antacid medication and following the lifestyle changes throughout your lifetime to control the symptoms. Long-term health problems rarely occur from GERD.

Most people with Barrett's esophagus live a full life and usually die from other causes before cancer ever develops. However, you will likely be monitored closely with regular endoscopies to make sure no concerning changes develop.

Where Can You Get More Information About Gastroesophageal Reflux Disease (GERD) & Barrett's Esophagus?

- **National Institute of Diabetes and Digestive and Kidney Diseases**
<https://www.niddk.nih.gov/health-information/digestive-diseases/barretts-esophagus>
<https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults>
- **American Society for Gastrointestinal Endoscopy**
<https://www.asge.org/home/for-patients/patient-information/understanding-barrett-39-s-esophagus>
- **International Foundation for Functional Gastrointestinal Disorders**
<https://aboutgerd.org/>
- **American College of Gastroenterology**
<http://patients.gi.org/topics/acid-reflux/>