

Treatment for GERD

How do you control GERD?

You may be able to control gastroesophageal reflux (GER) and gastroesophageal reflux disease (GERD) by

- not eating or drinking items that may cause GER, such as greasy or spicy foods and alcoholic drinks
- not overeating
- not eating 2 to 3 hours before bedtime
- losing weight if you're overweight or obese
- quitting smoking and avoiding secondhand smoke
- taking over-the-counter medicines, such as Maalox , or Roloids

How do doctors treat GERD?

Depending on the severity of your symptoms, your doctor may recommend lifestyle changes, medicines, surgery, or a combination.

Lifestyle changes

Making lifestyle changes can reduce your GER and GERD symptoms. You should

- lose weight, if needed.
- wear loose-fitting clothing around your abdomen. Tight clothing can squeeze your stomach area and push acid up into your esophagus.
- stay upright for 3 hours after meals. Avoid reclining and slouching when sitting.
- sleep on a slight angle. Raise the head of your bed 6 to 8 inches by safely putting blocks under the bedposts. Just using extra pillows will not help.
- quit smoking and avoid secondhand smoke.

Over-the-counter and prescription medicines

You can buy many GERD medicines without a prescription. However, if you have symptoms that will not go away, you should see your doctor.

All GERD medicines work in different ways. You may need a combination of GERD medicines to control your symptoms.

Antacids. Doctors often first recommend antacids to relieve heartburn and other mild GER and GERD symptoms. Antacids include over-the-counter medicines such as

- Maalox
- Mylanta

- Riopan
- Roloids

Antacids can have side effects, including diarrhea and constipation.

H2 blockers. H2 blockers decrease acid production. They provide short-term or on-demand relief for many people with GER and GERD symptoms. They can also help heal the esophagus, although not as well as other medicines. You can buy H2 blockers over-the-counter or your doctor can prescribe one. Types of H2 blockers include

- cimetidine (Tagamet HB)
- famotidine (Pepcid AC)
- nizatidine (Axid AR)
- ranitidine (Zantac 75)

If you get heartburn after eating, your doctor may recommend that you take an antacid and an H2 blocker. The antacid neutralizes stomach acid, and the H2 blocker stops your stomach from creating acid. By the time the antacid stops working, the H2 blocker has stopped the acid.

Proton pump inhibitors (PPIs). PPIs lower the amount of acid your stomach makes. PPIs are better at treating GERD symptoms than H2 blockers.² They can heal the esophageal lining in most people with GERD. Doctors often prescribe PPIs for long-term GERD treatment.

However, studies show that people who take PPIs for a long time or in high doses are more likely to have hip, wrist, and spinal fractures. You need to take these medicines on an empty stomach so that your stomach acid can make them work.

Several types of PPIs are available by a doctor's prescription, including

- esomeprazole (Nexium)
- lansoprazole (Prevacid)
- omeprazole (Prilosec, Zegerid)
- pantoprazole (Protonix)
- rabeprazole (AcipHex)

Talk with your doctor about taking lower-strength omeprazole or lansoprazole, sold over the counter.

Prokinetics. Prokinetics help your stomach empty faster. Prescription prokinetics include

- bethanechol (Urecholine)
- metoclopramide (Reglan)

Both of these medicines have side effects, including

- nausea
- diarrhea
- fatigue, or feeling tired

- depression
- anxiety
- delayed or abnormal physical movement

Prokinetics can cause problems if you mix them with other medicines, so tell your doctor about all the medicines you're taking.

Antibiotics. Antibiotics, including erythromycin, can help your stomach empty faster. Erythromycin has fewer side effects than prokinetics; however, it can cause diarrhea.

Surgery

Your doctor may recommend surgery if your GERD symptoms don't improve with lifestyle changes or medicines. You're more likely to develop complications from surgery than from medicines.

Fundoplication is the most common surgery for GERD. In most cases, it leads to long-term reflux control.

A surgeon performs fundoplication using a laparoscope, a thin tube with a tiny video camera. During the operation, a surgeon sews the top of your stomach around your esophagus to add pressure to the lower end of your esophagus and reduce reflux. The surgeon performs the operation at a hospital. You receive general anesthesia and can leave the hospital in 1 to 3 days. Most people return to their usual daily activities in 2 to 3 weeks.

Endoscopic techniques, such as endoscopic sewing and radiofrequency, help control GERD in a small number of people. Endoscopic sewing uses small stitches to tighten your sphincter muscle. Radiofrequency creates heat lesions, or sores, that help tighten your sphincter muscle. A surgeon performs both operations using an endoscope at a hospital or an outpatient center, and you receive general anesthesia.

The results for endoscopic techniques may not be as good as those for fundoplication. Doctors don't use endoscopic techniques often.