

Acid Reflux

There are two main types of acid reflux problems. The first is called gastroesophageal reflux disease (GERD), and it is a problem with the lower control valve of the esophagus (the lower esophageal sphincter). With GERD acid is allowed to leak into the lower portion of the esophagus. Some acid in the esophagus is normal, and it is able to tolerate a certain amount of acid coming up from the stomach without any problems, but if you get too much refluxing up into the esophagus you will start to get a change in the cell type lining the esophagus. The change is known as Barrett's Esophagus, and it is a precancerous change.

The second type of acid reflux is Laryngopharyngeal Reflux (LPR). LPR is a problem with the upper control valve of the esophagus (the upper esophageal sphincter). With LPR the acid in the esophagus is generally at a normal level, but it spills out the top of the esophagus. The first thing the acid will hit when it refluxes out of the esophagus is the vocal folds; therefore hoarseness is often the first sign of LPR. While the esophagus is made to tolerate a certain amount of acid, the delicate tissues of the vocal folds and throat are not. This is why people with LPR can have symptoms in the voice and throat, but no heartburn or other esophageal symptoms.

While the symptoms of GERD are generally fairly well known, heart burn, indigestion, and problems at night; the symptoms of LPR, such as a lump in the back of the throat, throat clearing, or increase mucus, are quite often attributed to other things, such as allergies or a cold.

Some of the symptoms of GERD and LPR are listed here:

Common GERD symptoms

- Heartburn
- Worse at night & morning
- Acid taste in your mouth in the morning
- Hiatal hernia
- Worse after eating
- Indigestion

Common LPR symptoms

- No heartburn
- Worse during the day
- Globus (feeling of something in the throat)
- Little to no esophageal injury
- Hoarseness
- Cough
- Throat clearing
- Increase Mucus
- Esophageal motility and esophageal acid clearance are usually normal

What can you do when you have problems with LRP? The first step to help is diet modifications. There are certain foods that can either cause an increase in acid production, or a relaxation of the control valves of the esophagus (esophageal sphincters). These foods should be avoided, especially a couple of hours before bedtime.

Diet Modifications

- No late meals
- Avoid Fatty foods (especially animal and dairy)
- Avoid Mint and mint flavored foods
- Avoid Spicy foods
- Avoid Chocolate
- Avoid Caffeine
- Avoid Citrus
- Avoid Alcohol

If you have problems at night putting blocks under the head of your bed to elevate it can help with nighttime symptoms. Tight fitting clothing, particularly in the waist and belly, can also aggravate symptoms.

Antacids

While diet and lifestyle modification are important quite often acid decreasing medications are required. These come in three different types.

Bases

The first types of antacids are bases. These are medications such as Tums, Roloids, baking soda (sodium bicarbonate), and even milk. These bases directly neutralize the acid in your stomach. While this works quickly and has been around for hundreds of years they have their problems. First they are very short acting. As soon as the acid has been neutralized your body will make more. Generally their effect is well under an hour. Once the acid in your stomach decreases your body begins to increase the amount of acid that is being produced. This increase in acid production results in a rebound increase in acid.

Histamine 2 Blockers (H2 Blockers)

One of the main signals your body uses to tell your stomach to increase acid production is Histamine 2 (H2). A H2 blocker blocks this signal from acting on your stomach to increase acid production. This will act for several hours to decrease the amount of acid produced in the stomach.

Proton Pump Inhibitors (PPI)

Proton Pump Inhibitors (PPI) are the newest and most powerful class of antacids. PPI's will physically disable and break the acid pumps in the stomach. The body will no longer be able to use the pumps that have been acted on by a PPI, and will need to make more acid pumps before it can make more stomach acid. This leads to a very effective and long lasting reduction in stomach acid. The down side to PPI's is that in order for them to work on the acid pumps those pumps must be turned on. This means that a PPI is most effective if taken 30-60 minutes before a meal. So if a PPI is taken just before bedtime it will do very little good because without food the stomach is not producing acid.

Bases

- Tums
- Rolaids
 - Neutralize the acid directly
 - Short activity
 - Rebound acid production

Histamine 2 Blockers (H2 Blockers)

- Zantac
- Tagamet
 - Acts on the acid signals
 - Works well at night

•Proton Pump Inhibitors (PPI)

- Prilosec, Nexium, Protonix, Prevacid
- Zegerid, Dexilant
 - Breaks the acid pumps
- The pump must be turned on
- Must be taken 30-60 before food
 - Taking at bedtime will not do much good

So how should you take antacids? Many times people begin taking PPI's or other antacids for years, never getting off of them. Stomach acid has multiple functions in the body. Protecting against infections, aiding in calcium and other mineral absorption, and even some help in digestion are all important functions of stomach acid. So while taking antacids are important when you are making too much acid, stopping taking them when you are not having problems can be equally as important.

When I diagnose someone with acid reflux, depending on how severe, I will throw the kitchen sink at it. High dose PPI before breakfast and dinner, and a H2 blocker before bed, all in addition to diet and lifestyle modifications are all important when first treating someone with severe reflux. But once problems and symptoms are under control these medications should be reduced, starting with the H2 blocker, then reducing the PPI from twice a day, to once a day, then decreasing the dose of the PPI. The goal is to become medicine free, even if it is only for a few months or weeks at a time. The key to decreasing your antacid use is knowing your symptoms. With LPR remember that heartburn is not a symptom, and fullness in your throat,

hoarseness, and drainage are common symptoms. Know and learn your own symptoms, and when you detect them coming back restart, or increase, your medications. Even short durations without, or reducing, your PPI has been shown to be beneficial.

DO NOT hesitate to contact our office for any emergency at 580-421-6470. If a problem should arise when the office is closed, you may contact us through Valley View hospital at (580) 332-2323; or go directly to the nearest Emergency Room.

More information can be found at www.LandrumENT.com.