



Acid Reflux and Oesophagitis

Acid reflux and oesophagitis is common. It can affect anyone but is more common in smokers, pregnant women, heavy drinkers, the overweight and those aged between 35 and 64.

What is acid reflux and oesophagitis?

It is normal to have acid in the stomach which helps digestion. Sometimes the acid leaks or 'refluxes' into the oesophagus (gullet). The lining of the oesophagus can cope with a certain amount of acid and usually just pushes it back into the stomach. However, inflammation occurs if too much acid remains in contact with the lining of the lower oesophagus (oesophagitis).

What causes acid reflux?

Most people can stand on their heads without acid pouring into the oesophagus and mouth! This is because at the bottom of the oesophagus there is a circular band of muscle (a sphincter). This relaxes to allow food down but normally tightens up and stops food and acid 'refluxing' (leaking back) into the oesophagus. It acts like a valve. Problems can arise if:-

- ◆ This band of muscle (sphincter) becomes weakened or less effective.
- ◆ Pressure in the stomach rises higher than the band of muscle can withstand. For example, during pregnancy.
- ◆ Acid leaks into the oesophagus but is not quickly pushed back again into the stomach.
- ◆ A hiatus hernia is present. This is where part of the stomach pushes up into the lower part of the chest (above the diaphragm). This may make the band of muscle unable to work properly.

What are the symptoms of acid reflux and oesophagitis?

Heartburn is the most common symptom. (This may be confusing as it has nothing to do with the heart!) Heartburn is a burning sensation or pain in the lower chest. Other symptoms include: feeling sick, an acid taste in the mouth, bloating and stomach pains. Difficulty in swallowing may occur in severe cases. Most people will have had heartburn at some time, perhaps after a hot curry. Some people have symptoms just now and then, often related to certain foods. Some people have frequent bouts of heartburn which interfere with daily life.

Most people with oesophagitis can be diagnosed from the symptoms alone. However, tests may be advised if symptoms are not typical or severe. This is to confirm the diagnosis and to rule out other conditions such as heart pains, muscle pains, etc. Tests may include endoscopy. This is where a thin, flexible telescope is passed down the oesophagus into the stomach which allows a doctor to look inside.

What can be done to help with symptoms?

- ◆ *Smoking* - acid reflux is more likely in smokers. The chemicals from cigarettes relax the band of muscle at the bottom of the oesophagus making reflux of acid more likely. If a smoker stops smoking, symptoms may be eased.
- ◆ *Foods* - some foods can relax the band of muscle at the bottom of the oesophagus. These include fatty foods, chocolate, oranges, cucumber, peppermints and coffee. These may make reflux more likely. Some foods directly

irritate the oesophagus causing heartburn. For example, citrus fruits, spices, tomatoes and coffee. Frequent small meals are preferable to large meals. Common sense and experience will show which foods to avoid.

- ◆ *Medication* - some medicines taken for other conditions may make symptoms worse. They may directly irritate the oesophagus or may relax the band of muscle at the bottom of the oesophagus and make reflux of acid more likely. These include: diazepam, theophylline, nitrates, nifedipine, aspirin, anti-inflammatory painkillers (such as ibuprofen) and some anti-depressants. Tell a doctor if you suspect that a medicine is making symptoms worse.
- ◆ *Taking medication* - all tablets if 'stuck' in the oesophagus can cause heartburn. Tablets should be taken with a full glass of water to ensure they are swallowed into the stomach. Evening tablets should be taken an hour before bedtime unless otherwise instructed.
- ◆ *Weight* - being overweight puts extra pressure on the stomach and encourages reflux of acid. If overweight, losing some often helps the symptoms.
- ◆ *Posture* - lying down or stooping during the day encourages reflux. Sitting hunched or wearing tight belts puts extra pressure on the stomach making any reflux worse.
- ◆ *Bedtime* - going to bed with an empty, dry stomach is helpful if symptoms are recurrent. It is best to eat the last meal of the day at least three hours before, and have the last drink at least two hours before bedtime. Raising the head of the bed by 20-25 cms (e.g. with books under its legs) will help gravity keep acid in the stomach and prevent reflux. Don't use extra pillows as this causes a poor posture when sleeping and may make reflux worse.
- ◆ *Very hot drinks and alcoholic drinks* - may make symptoms worse.

What are the treatments for oesophagitis?

- ◆ *Antacids* - are commonly used 'as required'. These are alkali liquids or tablets that work by neutralising the acid that has leaked into the oesophagus. Many brands are available at pharmacies with different flavours and textures. A pharmacist or GP will be able to advise.
- ◆ *Acid suppressing medication* - is prescribed if antacids fail to control symptoms. They work by suppressing (reducing) the amount of acid made by the stomach. A course of treatment may be advised for a month or so. This often settles symptoms down and allows the oesophagus to heal. Reverting back to antacids 'as required' may then be all that is needed. Some people may need a course of treatment every now and then when symptoms flare up and are not controlled by antacids. A minority of people require continuous acid suppressing treatment as without medication their symptoms or the inflammation in the oesophagus returns quickly.
- ◆ *'Prokinetic' medication* - is an alternative. These medicines increase the muscle activity of the oesophagus which pushes out acid and 'tightens' the band of muscle at the bottom of the oesophagus. They are particularly useful if symptoms of bloating, fullness and belching occur as well as heartburn. A course of treatment often settles symptoms down. Reverting back to antacids 'as required' may then be all that is needed. A course of treatment every now and then when symptoms flare up may be an option.
- ◆ *Surgery* - is an option if medication fails to control symptoms or if strong acid suppression medication is needed continuously. An operation that 'tightens' the lower oesophagus to prevent acid leaking from the stomach has a high success rate.