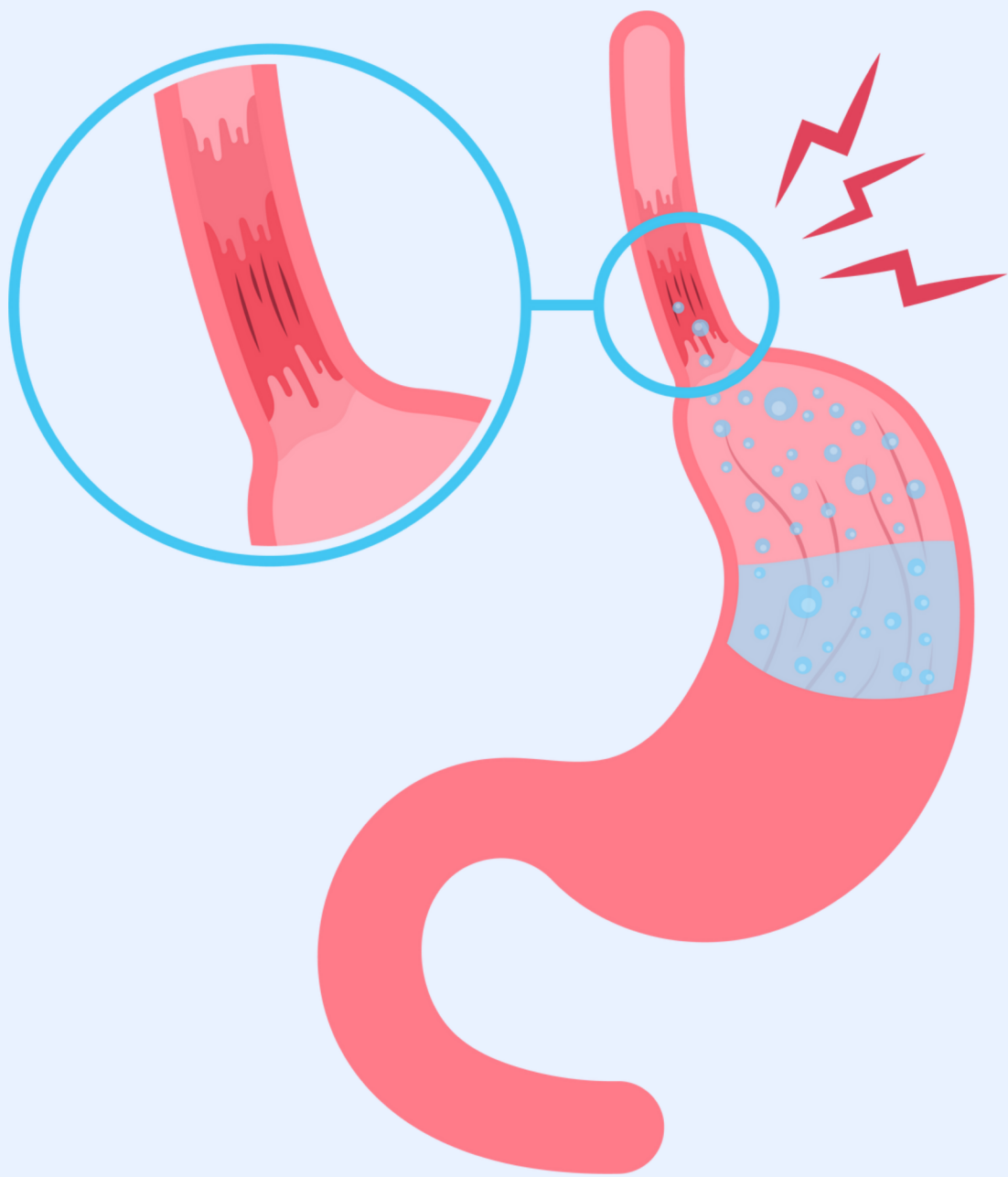


## Gastroesophageal Reflux Disease (GERD) Management



### What is GERD?

**Gastroesophageal Reflux Disease (GERD)**, more commonly known as **acid reflux**, occurs when contents of the stomach rise up into the esophagus, causing pain, discomfort, and in more severe cases, erosion of the esophagus.

It affects approximately **20% of adults**.

### Signs & Symptoms

When we think of acid reflux, we usually think of **heartburn**. Less common symptoms may include:

- **Regurgitation of food or a sour-tasting liquid**
- **Discomfort swallowing**
- **Feeling of a lump in your throat**
- **Phlegm in throat and/or hoarseness**
- **New or worsening asthma**

Symptoms are often worse right after eating, at night, or when lying down. Speak to your doctor if you experience new or worsening symptoms.



### Treatment Options



GERD is often treated with diet and lifestyle changes. If this does not provide enough relief, there are over-the-counter (OTC) and prescription medications that may be useful.

# Diet & Lifestyle Recommendations

## Diet Recommendations

- In general, **a balanced diet** high in fibre and whole foods, such as the **Mediterranean diet**, is recommended.



## Lifestyle Changes

- An active lifestyle has been shown to improve symptoms.
- Try to avoid smoking & reduce alcohol consumption.
- Stress has been shown to play a role in acid reflux.
- Consider methods to reduce stress and improve mental wellbeing, such as meditation and exercise. If you need mental health assistance, speak to your doctor.



## Sleep Tips

- Avoid laying down right after eating (wait 3+ hours).
- Sleep on your left side to reduce nighttime reflux.
- Sleep with your head raised.
- Try your best to get a good night's rest. Studies suggest there is a relationship between GERD, staying up late, and insomnia.



## Foods Triggers

### Acidic Foods & beverages

- Citrus fruits and juices
- Tomatoes and tomato-based sauce

### Spicy, fried, or high fat foods

- Fast food (i.e. french fries, “greasy” foods)
- Rich cream sauces
- Hot sauce, hot peppers, etc.

### Others

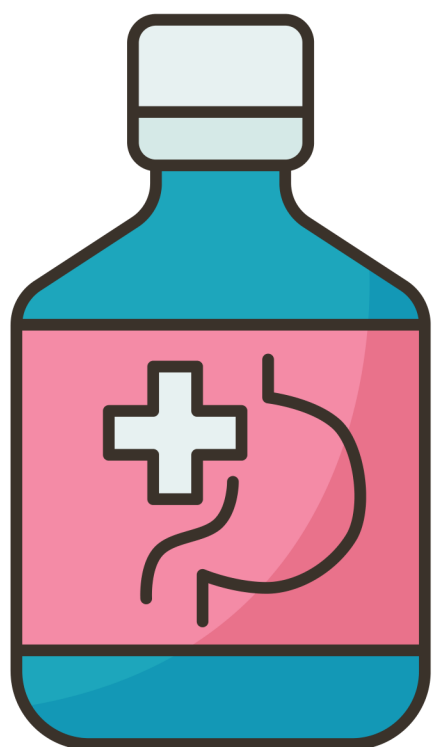
- Coffee, strong tea and other caffeinated drinks (colas and other sodas, energy drinks, etc.)
- Peppermint, garlic, onions & carbonated drinks



***If you want to learn more about dietary management of GERD, ask your doctor about being referred to a Registered Dietitian (RD).***

# OTC Medications

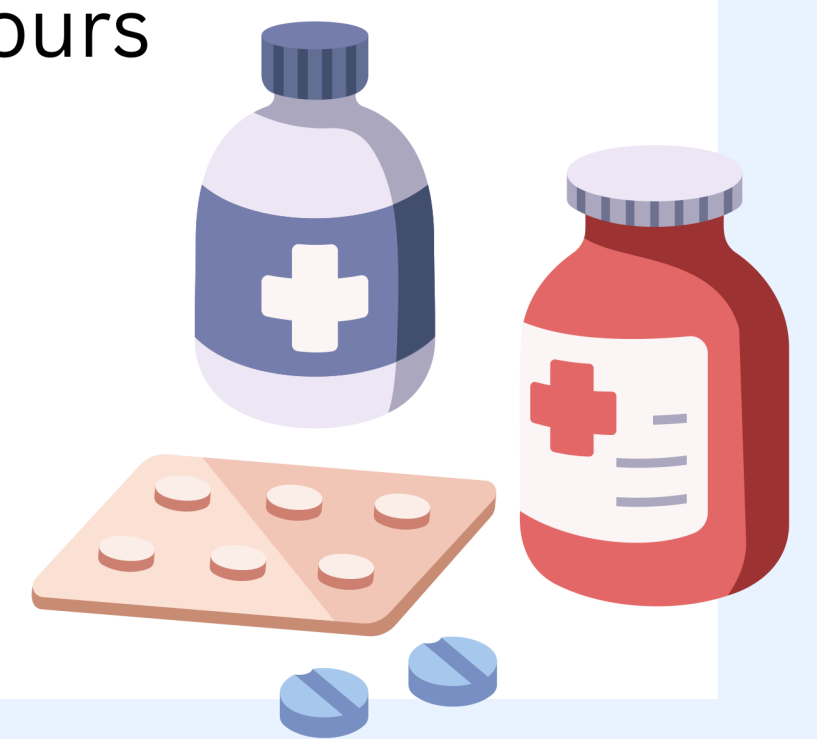
## Antacids



- Provide quick relief, but effects will only last 1-3 hours
- Works well if you have acid reflux once in a while
- Liquid formulas work better than tablets
- Take after meals and at bedtime as needed
- **Examples:**
  - TUMS<sup>®</sup>, Roloids<sup>®</sup> (calcium carbonate)
  - Alka-Seltzer<sup>®</sup> (sodium bicarbonate)
  - Milk of Magnesia<sup>®</sup> (magnesium hydroxide)
  - Gaviscon<sup>®</sup> (aluminum)

## Histamine-blockers

- Not as fast acting as antacids, but effects last up to 12 hours
- May be especially useful for nighttime symptoms
- Take twice daily, about 15-30 mins before meals
- **Examples:**
  - Zantac<sup>®</sup> (ranitidine)
  - Pepcid AC<sup>®</sup> (famotidine)



# Prescription Medications

## Proton pump inhibitors (PPI)

- Generally reserved for frequent or severe symptoms
- Slowest acting option, but effects last up to 24 hours, and may be more effective than other medications
- Take 30 minutes before breakfast
- **Examples:**
  - Omeprazole (Losec<sup>®</sup>, Olex<sup>®</sup>) - also available OTC
  - Esomeprazole (Nexium<sup>®</sup>)
  - Lansoprazole (Prevacid<sup>®</sup>)
  - Dexlansoprazole (Dexilant<sup>®</sup>)
  - Pantoprazole (Tecta<sup>®</sup>, Pantoloc<sup>®</sup>)
  - Rabeprazole (Pariet<sup>®</sup>)



A combination of antacids, histamine-blockers, and PPIs may be used if needed. However, **not all options will be right for you**. Consult your physician, nurse practitioner, or pharmacist before starting these products.


## Risks of Long-Term PPI Use

PPIs are generally a safe group of medications for patients who need them. However, with long-term use, they may increase risk of:



















- Vitamin B12 deficiency
- Iron deficiency
- Low magnesium levels
- Gastrointestinal infections
- Pneumonia
- Bone fractures

## Stopping PPI

Stopping a PPI is not for everyone. **Consult your physician, nurse practitioner, or pharmacist to see if stopping is the best option for you.**

To improve your success of stopping a PPI, you should reduce the dose of your medication gradually. **This schedule is based on your individual needs.** The following is an example of how a patient taking *pantoprazole 40mg daily* may wean themselves off the medication. 

1. Reduce dose gradually to stop and monitor for symptoms returning.

	SUN	MON	TUE	WED	THU	FRI	SAT
WEEK 1							
WEEK 2							
WEEK 3							
WEEK 4							

*Of note, PPIs should not be cut in half.*

2. If symptoms return, you may use the PPI on-demand, or consider OTCs.



**The goal is for you to have better control of your GERD symptoms on the least amount of medications.**