

CONTROLLING THE BURN

Contributed by Dr. Keri Ingrassia-Squiers, Hackettstown Medical PCP Affiliate

There's nothing like feeling uncomfortable after enjoying a wonderful meal. Whether due to the spicy main course, the acidity of dessert or the irritation of the evening nightcap, our lifestyle influences the health of the gastrointestinal tract. When acid that is typically contained in the stomach washes up into the esophagus or throat and mouth, patients are commonly diagnosed with gastroesophageal reflux disease or GERD.

Digestion is initiated in the mouth, then continues into the esophagus through the lower esophageal sphincter into the stomach. When the lower sphincter opens or allows the backflow of stomach acid, reflux symptoms ensue. Over time, this backflow can cause ulcers in the esophagus, scarring or strictures that narrow the esophagus or even changes in the cell lining of the esophagus that predispose to cancer (Barrett's esophagus).

GERD symptoms can vary from the typical retrosternal burning. Patients often complain of chest pain, hoarseness in the throat, cough, frequent burping, difficulty swallowing, including food getting stuck, bitter/acid taste in the mouth, regurgitation of food, hypersalivation, or a sensation of a lump in the throat. It is imperative to discuss these symptoms with your doctor since several "alarm features" may require additional testing such as with new onset of symptoms over the age of 60, iron deficiency anemia, weight loss, persistent vomiting, difficulty/pain with swallowing or a family history of a gastrointestinal malignancy.

Food triggers of GERD include:

- tomatoes
- onions
- garlic
- mint
- chocolate
- mustard
- pepper
- licorice
- spicy foods
- fried and fatty foods

Beverage triggers of GERD include:

- coffee/teas
- soda
- carbonated drinks
- energy drinks
- cranberry, orange and tomato juices
- alcohol

Treatment of GERD does not always require medication but merely lifestyle change. Reducing stress or anxiety can reduce late-night snacking and overeating which can limit acid reflux. Maintaining an ideal body weight and consuming smaller meals will reduce the

pressure on the stomach. Smoking relaxes the lower esophageal sphincter, therefore elimination of such improves symptoms. Since the stomach curves to the left, sleeping on the left side will ensure part of it remains lower than the esophagus and therefore reduces acid backflow.

Commonly, patients present to the office having already tried antacids, however these agents work only at symptom relief and not prevention. Aloe juice and avoidance of the above triggers are usually my first line of treatment. Routinely, empiric courses of medication are indicated to manage symptoms that impair quality of life. Histamine 2 receptor blockers ("Pepcid") aid in reducing acid secretion, however, have a delayed effect. For more frequent symptoms, as in two or more episodes per week, proton pump inhibitors ("Prilosec") which inhibit the acid energy pumps in the stomach can be used but have other side effects that need to be discussed with the patient. Refractory symptoms may require more thorough evaluation, including upper endoscopy with referral to a gastroenterologist.

Dr. Ingrassia-Squiers is an attending physician at Hackettstown Medical Center and Morristown Medical Center. She has been in private practice since 2003 in Hackettstown and has owned her practice since 2005. She is also an attending physician at Heath Village and the House of the Good Shepherd geriatric facilities while remaining very active in community service, writing articles and lecturing locally on women's health issues as well as preventive care.



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