

GERD

Q: I'm in my early 40s. Few months ago, I had a sore throat after a drinking session with my friends. I took some hot ginger tea and pain reliever to ease the sore throat. The pain initially subsided, but it comes back intermittently, especially when I am stressed. This pain can sometimes come with heartburn and hoarse voice. My friends told me that I might have GERD and I should take over-the-counter antacids, but I'm afraid that I may end up being dependent on it. May I know if there are other solutions, and is it okay to take antacids whenever I have this problem?

A: Our reader friend has hit the nail on the head - it is very likely our reader has Gastroesophageal Reflux Disease (GERD) after the drinking session. In GERD, gastric acid and contents reflux up the food tract from the stomach. It is also commonly known as heartburn, as patients may feel a burning sensation on the chest and throat when gastric acid refluxes upwards. The sphincter that prevents the reflux of gastric acid from the stomach can lose its tone. In our reader's case, the aggravating factor is the alcohol, which relaxes the sphincter and damages the delicate mucosa of the food pipe and throat. The reader may also have taken a meal that contains lots of fatty and acidic food during the drinking session, which further aggravates GERD. If this is followed by lying down to sleep off the drink, acid refluxes upwards even more easily. After heavy drinking session, many people will also snore. Snoring will lead to negative pressure in the food pipe during inspiration, which further draws acid up into the throat.

Other risk factors include smoking, drinking, obesity, abnormal functioning or anatomy of the stomach and sphincter. About 30% are suspected to have a genetic predisposition. Certain hypertension, asthma, antibiotic, iron pills can worsen the problem. Though anyone can get GERD, elderly patients tend to have more severe forms. Sometimes, acid can also be felt backing up into the food pipe, or even tasted as a sour substance. Many acid reflux problems may not have heartburn, but instead have atypical symptoms like sensation of a lump in the throat, hoarse voice or throat tightness. Because of the subtlety of the symptoms, acid reflux up to the food pipe and voice cords level in the middle of the neck is often missed.

A trial of antacid or proton pump inhibitor can successfully remove GERD symptoms. However, it is important to seek timely treatment and not just self-medicate with antacids if the problem continues. Long-term usage of proton pump inhibitors can increase the risk of fractures, affect blood thinning drugs or react with some cancer drugs.

Severe GERD with constant irritation of the food pipe lining can increase the risk of cancer, thus an evaluation by a doctor is needed in persistent cases. GERD can also occasionally be associated with Crohn's disease, gastric ulcers or infection, and lymphomas. Sometimes, GERD may be mistaken for heart problem, or vice-versa. Some patients may even have both GERD and heart problem. Investigations and tests are needed if the diagnosis cannot be confirmed by general medical consultations, or if the symptoms have worsened. Examples include flexible laryngoscopy (usually conducted by an Ear Nose and Throat specialist) that detects refluxes up into the throat, or a flexible esophagogastroduodenoscopy under sedation in the endoscopy room (usually done by a Gastroenterology specialist) for lower food pipe or stomach problems.

Lifestyle modifications are important to achieve sustained relief from GERD. Stop smoking and lose excess weight. Avoid gassy drinks and fatty oily food. Avoid acidic foods like vinegar, citrus fruits (oranges, lemons or grapefruit). Reduce caffeine intake (coffee or tea), and consume less onion and garlic. Avoid eating at least 2 hours before sleep, and do not lie down after a meal. Sleep with a wedge support to raise the top half of the body, not just extra pillows for the head which may actually worsen GERD. Interestingly, chewing gum can help to reduce the symptoms, because it can increase salivation. Saliva contains protective compounds that line the food pipe to protect against acid damage. Drugs are needed for moderate-severe symptoms that cannot be eliminated even with lifestyle modifications. Acid suppressant drugs and other drugs that improve sphincter, food pipe and stomach muscle function are some of the common treatments. Surgery may also be needed in rare and severe cases. **PRIME**



Dr Lynne Lim

An Adjunct Associate Professor and Senior ENT Consultant, Dr Lynne Lim is a National University of Singapore (1992) and Harvard School of Public Health (2005) graduate. She is also a fellow of Royal College of Surgeons in Edinburgh and has received her ENT Specialist Accreditation from the Ministry of Health in 2001.

Ear Nose Throat & Hearing Centre (Child & Adult)

3 Mount Elizabeth
Mount Elizabeth Medical Centre #17-07
Singapore 228510
T: 6737 7787
W: www.drlynnelim.com

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