

Narrator

Thirty-three year old father of three Dan Wagener is typical of millions of Americans who suffer from severe and frequent heartburn.

Dan Wagener, Patient

"It started in my early twenties. Basically I was familiar with what it was because I grew up with a father who used the chewable antacids. So I knew what the condition was. It would come on in the middle of the night when I was sleeping. I would wake up with a burning sensation in the esophagus and eat the antacids to correct it which would take a little time: that's really when it began: late teens, early twenties.

Narrator

Indeed, it's an all-too-predictable scenario: an indulgent evening feast leads to waking up in the middle of the night with a burning chest pain known as heartburn. Occasional bouts of heartburn, especially after a large late-night meal, are not cause for alarm.

But medical experts warn that frequent and persistent heartburn may be an indication of Gastroesophageal Reflux Disease or GERD. It is a digestive disorder with potentially serious complications.

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

" All of us probably at one time in our lives have had heartburn. Eat a little too spicy food you might feel it. But if you are getting heartburn frequently, especially after meals or at night or its waking you up at night – that can be signaling that you actually have an abnormal response and that would be GERD."

David Peura, MD, Professor of Medicine, University of Virginia, Fmr. Pres. American Gastroenterological Assoc.

"Well its important that people that suffer from frequent heartburn see their healthcare provider because if they have underlying GERD and it goes undiagnosed they can develop long-term complications. Acid can burn the esophagus and scarring can take place, strictures can form."

Narrator

The American College of Gastroenterology has reported that GERD symptoms cost the United States nearly \$2 billion *each week* in lost productivity.

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

"And its incredibly common. It's estimated that 60 million Americans might have some form of GERD and that 15 million Americans have some form of GERD daily."

Gordon Souaid, MD, Gastroenterologist

" Most people who have Gastroesophageal Reflux Disease or GERD basically have no symptoms at all. Many of us walk around with clinical evidence of reflux but they're not really aware of it.

THE PATIENT CHANNEL PRESENTS: CONTROLLING STOMACH ACID REFLUX

Narrator

The most common symptom of GERD is heartburn after meals or at night.

Gordon Souaid, MD, Gastroenterologist

“Other people they have a hard time. They have a feeling of heartburn a burning in the chest. So it’s a range of symptoms from nothing to something quite important.”

Narrator

It’s not unheard of for individuals to go to an emergency room seeking urgent care after mistaking GERD-related symptoms for a heart attack.

Lee Hixson, MD/Mountain West Gastroenterology

“Some people experience chest pain that is not burning. It can simulate a heart attack and can act like angina, which is heart-type pain.”

Narrator /w/information text graphics:

Other symptoms of GERD may include:

- Chronic **cough, hoarseness**, chronic laryngitis and even **asthma**

Narrator

Bricklayer Bill Vernon started having symptoms of GERD almost a decade ago.

Patient Bill Vernon

“It was uncomfortable – usually at night...My throat would be burning – just that uncomfortable feeling of almost gagging-type reflux.”

Narrator

He blamed his reflux on a diet that was less than ideal.

Patient Bill Vernon

“I weighed like 256 pounds. I gained weight. I ate two or three plates of food. If we went out to a buffet I would just overeat.”

Narrator

GERD patient Betty Jane Reber didn’t have the disease’s usual symptoms.

Patient Betty Jane Reber

“Mine was not the typical heartburn...Mine was more of a constriction in the chest – very painful, almost like a Charlie-horse is in your leg. It was just a spasm that just took hold and didn’t let go. I couldn’t get anything down.”

Narrator

A mother of eight with 24 grandchildren and five great-grandchildren, Betty Jane says her symptoms had a knack of marring family get-togethers.

Patient Betty Jane Reber

"When I would cook Thanksgiving or Christmas dinners, I could never eat – it would just be right there (motioning to throat). So I probably never had a Thanksgiving or Christmas dinner with my family for 15 years."

Narrator

Dan Wagener wrestled with his heartburn for over five years before he finally found relief.

Dan Wagener, Patient

"I always suffered through it. I always laid down for sleep and I would always deal with it if I woke up. And it was hit and miss at the beginning. Some nights I would wake up with heartburn and other nights I would make it through. But I never did try to sleep any other way, sitting up, I just suffered through."

Narrator

When we eat, food travels through a tube called the esophagus to our stomach, where acids are secreted as part of the digestive process.

Marcelo Vela, MD/ Medical University of South Carolina

"The junction or the border between the esophagus and the stomach is a made up of a muscle that works like a gate. It opens every time we swallow to allow passage of food contents into the stomach. Then it closes - and it is supposed to remain closed to prevent the movement of stomach contents up into the esophagus."

Narrator w/animation

In people with Gastroesophageal Reflux Disease, this muscle - called the lower esophageal sphincter - does not function properly, allowing stomach acids to abnormally flow into the esophagus. These acids often cause inflammation and irritation in the esophagus, triggering heartburn and other symptoms associated with GERD.

GERD affects people of every socioeconomic class, ethnic group and age. However, its incidence does seem to rise quite dramatically after age 40. More than 50 percent of men and women with this condition are between the ages of 45 and 64.

A significant percentage of women experience reflux-related symptoms during pregnancy. It also can affect infants and children. And, there's a clear link between GERD and obesity. Experts suspect that the growing number of overweight individuals is fueling an increase in Gastroesophageal Reflux Disease and its complications.

David Peura, MD, Professor of Medicine, University of Virginia, Fmr. Pres. American Gastroenterological Assoc.

“Clearly there’s a perception that reflux, heartburn, GERD is increasing in the US population. There’s probably a number of reasons why that is. First of all, patients are probably more aware of the condition and their symptoms. They’re more apt to report them to their doctors so its being more frequently diagnosed. Also, we’re supersizing in the United States and we know that being overweight is going to predispose to reflux.”

Lee Hixson, MD/Mountain West Gastroenterology

“Obesity increases your chance of having Reflux Disease by at least 50 percent and a recent study shows that it increases your chance of getting esophageal cancer two-fold. So obesity appears to be a major risk-factor for GERD.”

Narrator

Eating habits also play a role in reflux.

Gordon Souaid, MD/ Gastroenterologist

“I am a big fan of diet. I believe that in this condition diet plays a big role.”

Narrator

While studies haven't conclusively found that specific foods or beverages actually cause reflux, there is anecdotal evidence certain products may make heartburn worse.

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

“Tomato-based products can increase the risk, chocolate – unfortunately – can increase the risk, caffeinated beverages can increase the risk. So there are a lot of things in our daily meals that we actually find increase the risk of reflux.”

Marcelo Vela, MD/ Medical University of South Carolina

“There is a big relationship between what we eat and how we eat and heartburn or GERD.”

Narrator

For example, a hearty meal before going to sleep is a well-known recipe for reflux. And lying down just sets the stage.

Dan Wagener, Patient

“I generally only suffer from heartburn when I’m laying down. Being upright throughout the day has never been an issue for me. Its always been laying down whether it be in the afternoon on the couch to watch some tv or when I try to sleep at night.”

THE PATIENT CHANNEL PRESENTS: CONTROLLING STOMACH ACID REFLUX

Narrator

As clinical nurse specialist Roxie Brown shows her patients getting heartburn while lying down has a pretty straightforward explanation.

Roxie Brown, RN/Mountain West Gastroenterology

"This is a teaching tool that I use to show what can happen with nighttime reflux. When we are upright during the day, the acid pretty well stays in our stomach. But when we recline at night, it has a nice straight shot right up the esophagus."

Lee Hixon, MD, Mountain West Gastroenterology

"So a rule of thumb is don't eat within a couple of hours of bedtime to decrease your chances of reflux."

Narrator

Betty Jane Reber – and those close to her - struggled with symptoms of GERD for 20 years.

Patient Betty Jane Reber

"My family really suffered. We would start to eat or start to do something and I would immediately get up and go in the bathroom. And one of them would say 'Oh mom's got her thing,' which is what we all called it: 'This is my thing, I just have this.' They would know and I could hear them out there saying 'Oh poor mom this and that.' I would feel bad that I was causing any kind of a discussion, but it couldn't be helped.

My husband kept telling me you have got to see the doctor about this. I traditionally am not much for seeing the doctor for anything."

Narrator

Betty Jane's reluctance to see a healthcare professional about her heartburn is shared by a sizable number of other GERD patients.

Roxie Brown, RN/Mountain West Gastroenterology

"Many people come in with complaints that they've had heartburn off and on for years but they've never really tried to do anything about it."

Narrator

In the long run, ignoring GERD may prove unwise. We'll see why coming up next.

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

"People also don't realize that GERD can cause changes in the lining of the esophagus that can increase the risk of cancer, which may actually have no symptoms at all. So it's actually a fairly important disorder to recognize."

THE PATIENT CHANNEL PRESENTS: CONTROLLING STOMACH ACID REFLUX

Narrator

Physicians frequently are able to determine whether a patient has Gastroesophageal Reflux Disease without conducting any complicated or costly tests.

Gordon Souaid, MD, Gastroenterologist

"You meet with your patient and you find out what sort of medications are they on, what are their symptoms, how long has this been going on? And actually just the patient, him or herself, are they obese? What is their lifestyle?"

Lee Hixson, MD/Mountain West Gastroenterology

"GERD or Reflux Disease is really initially a historical diagnosis. In other words, people come in and they say 'I am experiencing heartburn' or 'I am experiencing this chest pain' or 'Fluid is in my mouth' or 'I am nauseated.' We really can make a diagnosis quite confidently with just reviewing the historical features of the patient's symptoms."

Narrator

Because of the length of time some patients experience acid reflux symptoms, specialists may recommend an endoscopic examination. This procedure involves using a flexible instrument outfitted with a miniature camera to look for signs of acid-related scarring or other damage in the esophagus.

Lee Hixson, MD/Mountain West Gastroenterology

"When we look down into the esophagus with the scope, we can actually see the acid-burn there. We can see ulcers or irritation from acid."

Narrator

An endoscopy is generally recommended for patients who have had GERD symptoms for at least five years. Patients with so-called "alarm symptoms" such as difficulty swallowing, bleeding and unexplained weight loss also are candidates for an endoscopy, as are individuals over age 60 with a new onset of symptoms.

Lee Hixson, MD/Mountain West Gastroenterology

"The vast majority of people with occasional heartburn do not need endoscopy."

Narrator

Betty Jane was put on a prescription medication to reduce her stomach's acid production. The medicine paid immediate dividends.

Patient Betty Jane Reber

"As soon as I started taking it, I never had another problem – not once."

Gordon Souaid, MD, Gastroenterologist

"The prescription medications that are available to treat GERD: Gastroesophageal Reflux Disease I think are generally excellent."

Patient Betty Jane Reber

"It was such a good thing not to have the pain, not to have the problem...not to have the serious effects"

Narrator

Coming up we'll focus on the lifestyle changes that patients with acid reflux can make to help them combat their condition. Plus we'll take a look at the medications available to treat GERD.

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Narrator

Individuals who experience occasional bouts of heartburn can take some simple steps to help alleviate these episodes.

Since sleeping at a slight incline lessens the risk of reflux, they can use boards or blocks to raise their bed's headboard a few inches.

Dropping a few pounds and modifying eating habits also are good ways to avoid heartburn.

Gordon Souaid, MD, Gastroenterologist

"Lose weight. If you're overweight it's a simple thing if you can to drop some of your weight. I think the patient will be amazed. Just five pounds and many of the symptoms will sort of go away."

Narrator

When occasional heartburn does occur, many people can find relief by taking acid-neutralizing antacids or over-the-counter medications known as H2 or histamine blockers that impede the production of stomach acids.

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

"For some patients who only need a little bit of acid-suppression or gentle mild acid-suppression, a histamine blocker will be perfectly fine. They're available over the counter and patients tolerate them very, very well."

Narrator

This was the case with Dan Wagener.

Dan Wagener, Patient

"Someone had actually mentioned to me taking the over the counter pills that are available, that became available at the time. They stopped writing the prescriptions for them they made them available over the counter. I tried those, taking them before I went to bed and basically when I started doing that, the heartburn stopped."

Narrator

Dan suffered with heartburn for over five years before finally finding relief with over the counter histamine blockers.

Dan Wagener, Patient

"My nightly routine is I've gotten into the habit of prior to brushing my teeth I will take a couple of the over the counter pills, brush my teeth and then get into bed. Doing that, and getting into the habit of doing that has prevented it on a nightly basis."

Narrator

When patients don't respond to histamine blockers, there is another class of medications they can try that have been proven to be extraordinarily effective. They are called proton pump inhibitors.

Lee Hixson, MD/Mountain West Gastroenterology

"They are much more potent than all of the preceding drugs at suppressing acid secretion and they are very effective for control of heartburn in 80 to 90 percent of people."

David Peura, MD, Professor of Medicine, University of Virginia, Fmr. Pres. American Gastroenterological Assoc.

"In fact if people aren't getting better with the current medicines we really need to reconsider our diagnosis. I mean are we missing the boat here?"

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

"The Proton Pump is what's responsible for making acid - it's basically the factory that produces acid. So the medication blocks the factory from making acid. So patients on Proton Pump Inhibitors have much less acid in their stomach.

It is really good news for patients who have this disorder - the drugs work."

Narrator

People with more severe cases of Gastroesophageal Reflux Disease must remain on their medication to avoid heartburn and other symptoms. That is a key reason why a healthcare professional should oversee their treatment.

David Peura, MD, Professor of Medicine, University of Virginia, Fmr. Pres. American Gastroenterological Assoc.

"Well reflux and GERD are chronic diseases. So patients are going to require medications for long periods of time. That's the bad news. The good news is that generally these medicines are very safe. In fact, as a class of medicines, the H2 blockers and the proton pump inhibitors are probably some of the safest medicines we have available"

Narrator

Dr. Pochapin says his GERD patients often ask questions about the long-term effects of their medications.

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

“People always wonder what’s the consequence of inhibiting acid and why do we need it. The truth is acid isn’t necessary to digest as much as it is necessary to sterilize the stomach.”

Narrator

Without question, the advent of Proton Pump Inhibitors has dramatically helped millions of GERD patients.

Lee Hixson, MD/Mountain West Gastroenterology

“It was a Godsend. It was just a miracle drug for many people with severe reflux. So the in the last 20 years the huge breakthrough for reflux disease, therapy for reflux disease has been the proton pump inhibitors.”

Narrator

One complication of GERD often found after an endoscopic examination is Barrett’s Esophagus.

Marcelo Vela, MD/ Medical University of South Carolina

“Barrett’s is a change in the lining of the esophagus that is a result of repetitive, ongoing, longstanding damage.”

David Peura, MD, Professor of Medicine, University of Virginia, Fmr. Pres. American Gastroenterological Assoc.

“ The good news is that Barrett’s is generally a benign condition in most individuals. We estimate that probably one in several hundred individuals will ever have their Barrett’s progress to something such as cancer.”

Narrator

The Proton Pump Inhibitor that Betty Jane Reber has been taking for the last several years not only eliminated her GERD symptoms, it also healed the damage to her esophagus from decades of acid reflux.

Following her last endoscopy, Betty Jane’s specialist called with startling news: the Barrett’s Esophagus complication was no longer present. Her concerns about cancer were put to rest.

Patient Betty Jane Reber

“It was a thrilling and exciting and wonderful thing. I just couldn’t believe it. I was so very grateful.”

THE PATIENT CHANNEL PRESENTS: CONTROLLING STOMACH ACID REFLUX

Narrator

Dan Wagener has been keeping his heartburn under control with over the counter histamine blockers for almost ten years.

Dan Wagener, Patient

"It's prevention. It keeps you from waking up in the middle of the night. You can sleep the night through. Its much better than waking up, taking the chalky antacids, taking the liquid antacids and waiting for it to take effect. Taking the pills prior to bedtime has allowed me to sleep the night through."

Narrator

What future advances will be made to improve the treatment of Gastroesophageal Reflux Disease? We'll seek to answer that question in today's final segment.

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Narrator

The emergence of effective medications like Proton Pump Inhibitors to treat Gastroesophageal Reflux Disease represents an important medical milestone.

Mark Pochapin, MD/The Jay Monahan Center for Gastrointestinal Health

"Clearly the best advance in treating reflux has been the ability to take medications like the PPIs that really inhibit acid really well - by doing that, people can be completely relieved of their symptoms of GERD."

Gordon Souaid, MD, Gastroenterologist

"I think that as we understand the science of how the body produces and secretes acid that there will be more medicines on board. It'd be nice to have a medicine that you take once a month."

Narrator

Looking to the future, Dr. Souaid believes that breakthroughs will be made in perfecting minimally invasive surgical procedures to prevent acid reflux.

Gordon Souaid, MD, Gastroenterologist

" The other side of the coin is our surgical colleagues have come up with several novel ways of maybe fixing the problem. If you can't stop the production of the stomach acid well perhaps you can stop the reflux. In the future we will see great strides not only in medicine, but also in the surgical side of things."

Narrator

For people with frequent and persistent heartburn, the critical message to remember is: Don't ignore the problem – see a healthcare professional.

David Peura, MD, Professor of Medicine, University of Virginia, Fmr. Pres. American Gastroenterological Assoc.

"There is great news for people that suffer from GERD. We know now what causes the problem and we can control it in many individuals with simple lifestyle modifications. But most importantly we have very effective medicines that are going to work in the vast majority of individuals to control their symptoms, to heal any damage, and to prevent complications from occurring."

Narrator

As for GERD patient Betty Jane Reber, she wishes that she would have sought help sooner.

Patient Betty Jane Reber

"If I were to do it over again, I would go and make sure they took care of something right away instead of having to live in that misery for that long."

Gordon Souaid, MD, Gastroenterologist

"So its much better I think to treat these things and take care of the problem before they become something worse."

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