Feel the burn

IS HEARTBURN KEEPING YOU UP AT NIGHT? YOU'RE NOT ALONE

BY **DR. MARK CEDAR**

You knew you shouldn't have eaten that chili cheeseburger right before bed, but you just couldn't resist. Now the burning in your chest has you worried that you're going to go into full cardiac arrest. But, contrary to popular belief, heartburn isn't a problem with your heart at all.

Heartburn, commonly known as acid reflux, is one of the cardinal symptoms associated with gastroesophageal reflux disease (GERD). GERD has been defined as symptoms or mucosal damage produced by the abnormal reflux of gastric contents into the esophagus. Common symptoms associated with GERD include food regurgitation and difficulty swallowing.

Studies have shown that up to 26 percent of the population in the Western world suffers from weekly symptoms associated with GERD, according to a 2001 article in the *Archives of Internal Medicine*.

Acid reflux often is confused with angina and is therefore one of the leading causes of emergency room visits and hospital admissions. Although it is typically described as a burning sensation in the upper abdomen or chest, heartburn also may present as chest pain, nausea, a lump in the throat or difficulty swallowing.

According to the 2003 *American Journal of Gastroenterology*, up to 78 percent of patients reflux nocturnally, so GERD is also a common cause of sleep disorders.

Complications related to GERD include esophagitis, stricture, anemia, Barrett's esophagus and esophageal cancer (adenocarcinoma). In addition, a variety of extraesophageal manifestations have been described, including chronic cough, asthma, laryngitis and bronchospasm.

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Barrett's, a chronic pre-malignant condition that occurs when the lining of the lower esophagus is replaced with specialized cells, predisposes sufferers to the development of adenocarcinoma of the esophagus. Since these specialized cells produce no symptoms, Barrett's esophagus is typically discovered during upper endoscopy (EGD) in patients with chronic GERD symptoms.

EGD is recommended for the initial evaluation of patients suspected to have GERD. Patients are sedated before endoscopy to prevent discomfort, and gastroenterologists insert a thin, lighted tube with a camera that allows them to examine the lining of the esophagus, stomach and small intestine. Endoscopy with biopsy is used to detect most cases of GERD and Barrett's esophagus.

Treatment of GERD requires lifestyle modifications, such as weight loss and smoking cessation, as well as dietary changes, including limitations on caffeine, alcohol, chocolate, peppermint and late-night eating.

Antacids and non-prescription histamine-2 (H2) receptor antagonists, such as Ranitidine, often are sufficient for mild symptoms, but the stronger proton pump inhibitors, such as Omeprazole, are usually required for refractory GERD symptoms and Barrett's esophagus.

Surgery and endoscopic techniques for treatment of GERD are generally reserved for patients with severe complications, such as strictures, advanced Barrett's esophagus and adenocarcinoma.

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