Gastroesophageal Reflux Disease
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Gastroesophageal Reflux Disease (GERD), also known as acid reflux and heartburn, is common among people both with and without Down syndrome. One study showed that as many as 44% (almost one half!) of Americans have heartburn symptoms at least one time every month.

GERD happens when acidic stomach contents move backwards up into the esophagus, or food pipe. This can cause a variety of symptoms that include:

- Pain in the chest or upper stomach
- Chronic cough
- Regurgitation, or food traveling back up into the mouth
- Sore throat
- Sour taste
- Hoarse voice

Symptoms typically occur after eating or at nighttime when lying down.

In addition to uncomfortable symptoms, GERD can lead to more serious conditions if left untreated, such as Barrett’s esophagus (when there are changes in the lining of the esophagus that increase the risk of cancer) and scarring or narrowing of the esophagus that can lead to trouble eating. A challenge in people with Down syndrome is that often no complaints are shared of the less serious symptoms so people may present with the more serious symptom of narrowing of the esophagus.

Usually a doctor diagnoses GERD based on the symptoms that a patient is having but sometimes further testing is necessary. Endoscopy is one type of test that can be done, where a small camera is put through the mouth down into the esophagus and stomach to look for problems. If a patient has any of the following warning signs they might need this test to make sure there isn’t something more serious going on:
There are two main types of treatments for GERD: lifestyle changes and medication. Lifestyle changes are typically tried first to prevent or decrease symptoms of GERD and include:

- Eating smaller meals
- Not eating anything 3-4 hours before laying down or going to sleep
- Elevating the head of the bed with a riser or blocks
- Eating less fatty, spicy and citrus foods
  - Fatty and fried food examples: French fries, potato chips, fatty pieces of meat, whole milk and cheeses, chocolate
  - Spicy and citrus food examples: Tomatoes, tomato sauces, salsa, hot peppers, oranges, grapefruit
- Drinking less caffeine or carbonated drinks like soda
- Avoiding medications that can make GERD worse, such as ibuprofen and other NSAIDs
- Not wearing clothing that is tight around the abdomen
- Losing weight

When lifestyle changes are not enough, there are several medications that a doctor may recommend. Some medications are taken only as needed when a person gets symptoms and can be found over the counter. Examples of these are:

- Tums
- Rolaids
- Maalox
Other medications are taken daily to prevent symptoms. There are two main classes:

- Proton pump inhibitors, including pantoprazole (Protonix), omeprazole (Prilosec), lansoprazole (Prevacid) and esomeprazole (Nexium)
- H2 receptor blockers, including famotidine (Pepcid), ranitidine (Zantac) and cimetidine (Tagamet)

When treatment is started, a doctor will follow up closely with a patient to make sure the symptoms are getting better. If symptoms do not get better, the person may need further testing.

Resources:

