

Reflux Guide

What is reflux?

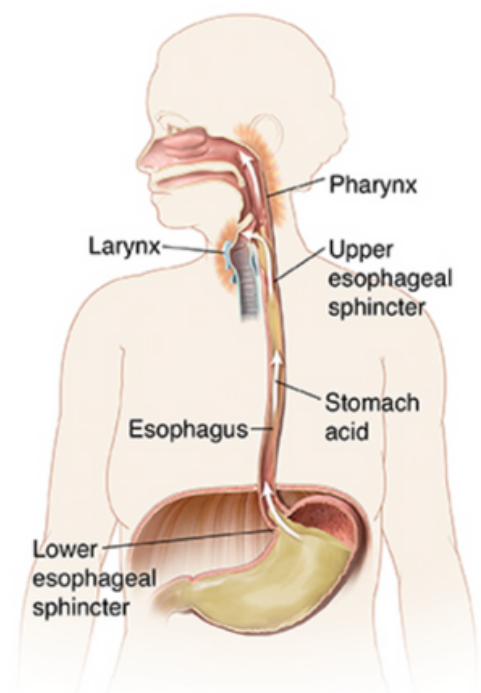
Reflux, heartburn or acid indigestion is a potentially chronic (meaning ongoing and worsening) disease of the upper gastrointestinal tract, affecting the stomach and esophagus (throat to stomach). Reflux can cause stomach acid to rise up the esophagus causing a burning sensation at the back of the throat or in the chest.

There are many potential causes of reflux and this resource will help you learn more about what causes it and what to do to help reduce your symptoms if you currently suffer with it.

What types of reflux are there?

There are 3 main types of reflux; silent reflux, bile acid reflux, and gastroesophageal reflux.

- Silent reflux aka laryngopharyngeal reflux (LPR) occurs where acid flows into the esophagus and voice box (larynx) without traditional heartburn symptoms, but often causing hoarseness.
- Bile acid reflux occurs where bile produced by the liver backs up into the stomach from the small intestine and possibly into the esophagus as well.
- Gastroesophageal reflux disorder (GERD) is the most common form of reflux and refers to ongoing reflux that causes inflammation in the lining of the esophagus which can result in permanent damage.



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Symptoms of reflux:

Symptoms and severity of reflux can vary from person to person and may include one, or a combination of:

- Heartburn or a burning sensation in the chest/throat
- Belching/burping more often than usual
- Hoarseness
- Oesophagitis (inflammation in the esophagus)
- Difficulty swallowing
- Excessive salivation
- Nausea or vomiting



Why do people get reflux?

There are many potential causes of reflux including, but not limited to:

- Stomach acid over or under-production
- Low esophageal sphincter dysfunction
- Stress
- Overweight/obesity
- Trigger foods (see below)
- Alcohol/smoking
- Poor eating habits
- Pregnancy
- Hiatal hernia
- Medication usage
- Gastritis (inflammation of the stomach lining)
- Gastroparesis (delayed stomach emptying)
- Some medications (NSAIDs)
- Histamine intolerance



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How is reflux diagnosed?

Reflux can be self-diagnosed, however medical investigation is advisable as on-going reflux can lead to damage to the tissues of the esophagus (Barrett's Esophagus), impaired ability to eat, anxiety around food, impaired nutrition (malnutrition) and esophageal cancer.

Occasional heartburn is normal for some people as no-one's digestive system runs optimally all the time. Experiencing heartburn or acid indigestion twice a week (or more) is a potential sign that reflux needs to be investigated further.

A simple self-test to see whether you are under producing stomach acid (a condition known as hypochlorhydria) is the baking soda test:

- Drink a 4oz/120ml glass of water containing ¼ tsp of baking soda* on waking
- Set a timer and stop the timer when you burp
- If you burp within 5 minutes then you have normal stomach acid production
- Not burping within 5 minutes may indicate low stomach acid production
- It can be helpful to do this test for 3-5 days in a row
- Do not try this test if you are currently using a PPI

*note, it must be baking soda also known as sodium bicarbonate, not baking powder which is a mixture of citric acid and sodium bicarbonate



Have you tried the "Baking Soda Test" to see whether you are under producing stomach acid?

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How do we manage reflux?

-Behavioral & dietary changes

Eating habits:

- Eat slowly – put your knife/fork/spoon down between mouthfuls
- Chew thoroughly
- Eat smaller meals (300g/11oz) e.g. eat off a bread plate instead of a dinner plate
- Avoid missing meals
- Avoid eating late at night or before bed (stop eating at least 2 hours before bed)
- Eat at a dining table with good posture (avoid eating on the sofa, which encourages poor posture)
- Avoid consuming large amounts of fluids with meals (sips only)

Lifestyle:

- Avoid alcohol (2 standard drinks/session and have 2+ alcohol free days a week)
- Stop smoking
- Lose weight (if needed) – abdominal fat can put pressure on the stomach, forcing stomach contents into the esophagus
- Wear loose fitting clothes; avoid belts or tight waist bands
- Avoid lying down right after a meal/stay in an upright position (ideally 2hrs after a main meal)
- Avoid strenuous activity shortly after eating (ideally 2hrs after main meal)
- Reduce stress (stress is a major factor in reflux)

Types of food which may aggravate reflux:

- Acidic foods (tomatoes, citrus fruit, coffee, chocolate)
- High fat dairy (especially cheese, milk, yogurt)
- Very hot or very cold water (in some cases adding alkaline drops to water can be helpful)
- Caffeine (coffee, tea, cocoa, chocolate, cola)
- Fatty foods (deep fried foods, pies, pastries, full fat cream, cakes, cream etc)
- Spicy foods
- Peppermint
- Alcohol, carbonated beverages
- Foods high in histamine

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Reflux medications

Reflux medications should be under strict supervision of your doctor and your pharmacist. This includes frequency, dosage and duration of regimen. A dietitian can help optimize food choices around medication use, however prescription is out of a Dietitian's scope of practice. Common reflux medications include antacids and proton pump inhibitors (PPI). Please let your dietitian know what medications and supplements you have used previously and are currently using so they can note this on your file.

Where to start if you have reflux

- Let your dietitian know as they can help.
- Track your symptoms as they occur and ensure you add descriptions (how soon after eating, how severe, how long it lasts for etc).
- Try the baking soda test on page 2 (if not currently using a PPI) and let your dietitian know the result.
- Speak to your doctor about the changes you are making to improve your reflux.
- If you have not had formal investigations done, follow up with your doctor and GI specialist.
- Implement some of the dietary and eating habit changes recommended above.
- Track all your foods and symptoms as accurately as possible.