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MANAGING HEARTBURN, ACID REFLUX & CONDITIONS OF GERD

What is gastroesophageal reflux?

Gastroesophageal reflux, also referred to as GER, is a condition characterized by the flow of acid from the stomach into the lower portion of the esophagus—the tube that transports food from the mouth to the stomach. The primary symptom is a burning sensation in the chest, commonly described as heartburn. Symptoms may also include frequent coughing and belching after meals, upset stomach and regurgitation of acid. Twenty to 30 percent of people experience GER on a weekly basis. Nearly 60 percent of Americans experience the symptoms at least once per year.

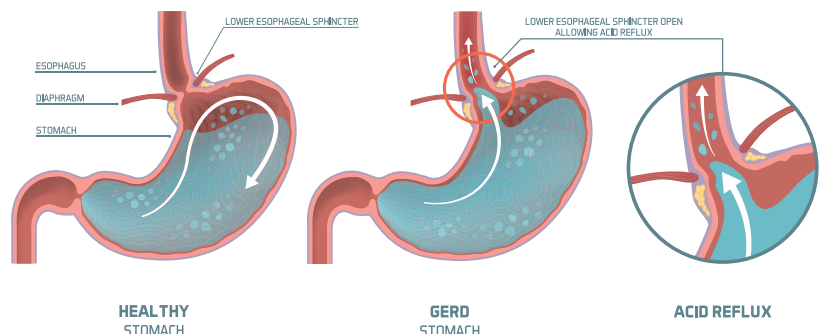
Recurrent GER symptoms (more than once a week) are classified as GERD, or gastroesophageal reflux disease. GERD is a long-term condition where the affected individual experiences symptoms at least once per week.

GER and GERD are the result of a dysfunctional sphincter valve at the bottom of the esophagus. It can affect people of all ages and often for unknown reasons.

GERD

DO YOU HAVE THESE SYMPTOMS?

- Chronic coughing after meals
- Chronic belching
- Chronic heartburn
- Frequent regurgitation
- Frequent upset stomach
- Dependency on TUMS, Maalox, Pepto or similar products



WHEN TO SEE A GASTROENTEROLOGIST

Risk factors for GERD include obesity, smoking, family history and dietary choices. Certain medications and other conditions, like pregnancy, may also cause symptoms of GERD.

Diagnostic procedures like an upper endoscopy, more formally known as an esophagogastroduodenoscopy (EGD), can help a gastroenterologist assess the condition of your esophagus and give insight to what may be causing the symptoms. An EGD allows your gastroenterologist to view the lining of the esophagus, the stomach and the first part of the small intestine.

If you are experiencing frequent symptoms—at least once a week—you need to see a gastroenterologist. An expert in gastroenterology can help you assess your family history, personal medical history and lifestyle to determine the cause of your symptoms.

Uncomfortable symptoms, lost sleep and fatigue are not the only consequences of gastroesophageal reflux. Both forms of the condition irritate the lining of the esophagus and can erode the cells, leading to serious conditions such as Barrett's esophagus or esophageal cancer.

MANAGE GERD SYMPTOMS NOW

If you experience occasional GERD symptoms (less than once a week) or are a GERD patient looking for relief, there are plenty of ways to reduce the severity and frequency of symptoms with changes to your lifestyle.

Lose weight. Excess pounds are a leading cause of GERD symptoms. Extra weight can increase compression on the stomach causing internal pressure to rise. Excess pressure can contribute to relaxation of the lower esophageal sphincter and backflow of stomach acids into the esophagus. A reduction in symptoms is often observed even in patients who lose only a small amount of weight.

Change your diet. In many cases, dietary factors are a major contributor to acid reflux, heartburn and other symptoms of GERD. For some people, acidic foods, like citrus fruits, wine and tomatoes can irritate the esophagus and lead to discomfort. Even foods that seem relatively benign, like black pepper, peppermint, and coffee can lead to esophageal irritation. Diets high in fat, sugar, and salt have also been linked to GERD.

Manage how you eat. Portion size matters a lot when it comes to controlling symptoms of GERD. Large meals--particularly excessive intake of fatty foods--can trigger discomfort, as can eating too much too fast. Try to eat meals of health-conscious portions. Take small bites and chew each bite thoroughly before swallowing. Stop eating when you are satisfied, not when feel uncomfortably full.

Drink more water. Adequate water consumption is essential to managing good health; however, the amount of water you drink and when you drink it matters. Stay hydrated between meals. If you consume water with a meal, take only small sips at a time. Avoid consuming so much water that you feel excessively full (like after a big meal), as this can contribute to acid reflux.

Change post-meal habits. Like it or not, gravity is part of life on planet Earth and can be a contributing factor to GERD symptoms. If you lie down to watch TV, read a book, or even go to sleep after a meal, acid reflux symptoms are more likely. The prone or reclined position can cause acid to tip the wrong direction, which can be a problem for those who struggle with GERD. It is best to wait at least three hours after eating before reclining or lying down. Ideally, talking a walk after meals can help with digestion as well as reducing acid reflux.

Stop smoking. It's no secret that smoking is bad for you; therefore, it should not come as a surprise to learn that smoking contributes to GERD symptoms. Smoking damages mucous membranes that protect the delicate tissue of the esophagus, increase acid secretion, reduce lower esophageal muscle function, and reduce production of saliva that is vital to acid neutralization.

If symptoms are persistent or affecting everyday activities, talk to a gastroenterologist. Leaving symptoms of GERD untreated can lead to serious side effects that impact your long-term health and well-being.

Reference:

Keung, C. and Hebbard, G. (2016). *The management of gastro-oesophageal reflux disease. Australian Prescriber*, 39(1), pp.6-10.



PPI USE: HOW LONG IS TOO LONG?

Are you taking a class of drug known as a PPI, or proton pump inhibitor? When this type of medication was introduced nearly 25 years ago, it was predicted to be a “miracle drug,” capable of transforming the lives of millions. However, not everyone who takes a PPI should be on one for an extended period of time.

Why not avoid the risks altogether? Seek the care of a board-certified gastroenterologist for a thorough evaluation.

If you have been on a PPI for more than eight weeks and are not currently under the care of a gastroenterologist, it's time to take control of your health: contact a gastroenterologist near you. A gastroenterologist is specially trained in the assessment and evaluation of the gastrointestinal system and can help you determine if alternative treatment options will be more effective for your condition.

Best Practices for PPI Use

In March 2017, the journal *Gastroenterology* published a review evaluating the risks and benefits of long term PPI use. The review offered physicians and patients a few tips for assessing PPI use:

- Patients with GERD and acid-related complications-- such as erosive esophagitis or peptic stricture-- should take a PPI for short-term healing, maintenance of healing, and long-term symptom control.
- Patients with uncomplicated GERD who respond to short-term PPIs should subsequently attempt to stop or reduce them. Patients who cannot reduce PPIs should consider ambulatory esophageal pH/impedance monitoring before committing to lifelong PPIs to help distinguish GERD from a functional syndrome.
- Patients with Barrett's esophagus and symptomatic GERD should take a long-term PPI.
- Asymptomatic patients with Barrett's esophagus should consider a long-term PPI.
- Patients at high risk for ulcer-related bleeding from NSAIDs should take a PPI if they continue to take NSAIDs.
- The dose of long-term PPIs should be periodically reevaluated so that the lowest effective PPI dose can be prescribed to manage the condition.
- To prevent infection, long-term PPI users should not routinely use probiotics.
- Long-term PPI users should not routinely raise their intake of calcium, vitamin B12, or magnesium beyond the Recommended Dietary Allowance (RDA).

If you are on a PPI or considering a PPI as part of your treatment plan, talk to a gastroenterologist. A GI doctor will be able to provide a thorough and expert evaluation.

References:

Freedberg, D., Kim, L. and Yang, Y. (2017). *The Risks and Benefits of Long-term Use of Proton Pump Inhibitors: Expert Review and Best Practice Advice From the American Gastroenterological Association. Gastroenterology, 152(4), pp.706-715.*

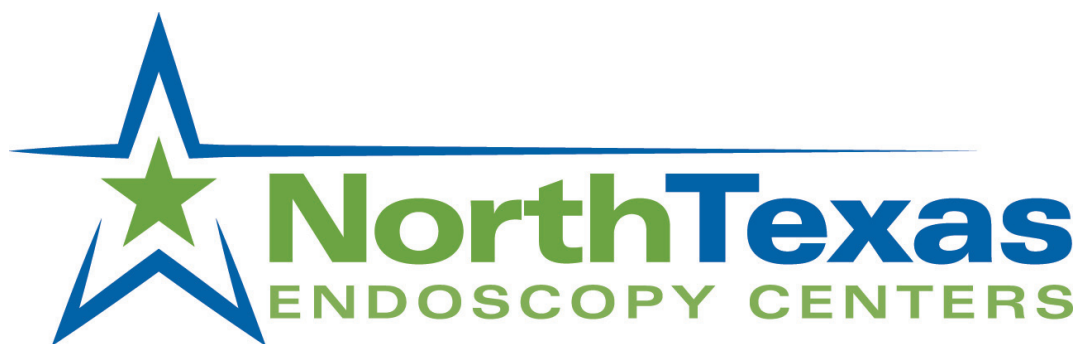
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