Gastro-oesophageal reflux disease (GORD)

This fact sheet is for people who have presented to the emergency department with this condition.

This fact sheet provides general information. If you have specific concerns, speak to your healthcare professional for further information and advice.

What is GORD?

Gastro-oesophageal reflux disease (GORD) is the term used for a range of conditions where the stomach acid rises up into the food pipe (oesophagus) and sometimes up into the throat.

Up to one in five people have GORD.

Symptoms

- Heartburn
- Chest pain
- Tasting acid in the mouth
- Feeling bloated
- Burping
- Indigestion
- Persistent night-time cough

Causes

There is a band of muscle (sphincter) at the top of the stomach that normally relaxes to allow food to go down into the stomach, then contracts for the remainder of the time to prevent stomach contents leaking back up.

Weakening or poor function of this muscle is the cause of GORD in some patients.

What problems can GORD cause?

- Scarring and narrowing of the oesophagus which can impair your ability to swallow
- Ulcers and bleeding

- 10% of people with GORD develop Barrett's oesophagus – inflammation and ulcers which put you at risk of getting cancer. This needs careful monitoring and treatment.

GORD has also been implicated in contributing to tooth decay, inflammation of the vocal cords, chronic coughs and sinusitis.

Other contributing causes of GORD include:

- Hiatus hernia – where part of the stomach itself protrudes up through the diaphragm into the chest
- Smoking – smoking worsens your reflux
- Alcohol – even in moderation, it will likely worsen your reflux
- Caffeine
- Pregnancy – changes in hormone levels and pressures in the stomach
- Medications – anti-inflammatory medications for pain (e.g. aspirin, ibuprofen etc.), some antibiotics and some blood pressure medications and antidepressants. Check with your doctor to see if any of your medications may be contributing to your symptoms.
- Other medical conditions – including diabetes and some connective tissue diseases.

How do I know if I have GORD?

Your doctor may diagnose you with reflux from your symptoms and your response to medications.

Further testing may be needed:

- if the medications do not work
- if symptoms recur
- if you get other concerning symptoms.

What tests might I need?

Endoscopy is a procedure, where during light sedation, a tiny camera on the end of a flexible tube is passed down your oesophagus and into your stomach. Small tissues samples (biopsies) may be taken if needed.

Endoscopy is also used to exclude stomach ulcers, cancer and bacterial infections (H Pylori) which can increase acid production.

Your doctor may consider other tests like barium meal, which is an X-ray examination of the upper gastrointestinal tract. You will swallow a liquid contrast called barium which coats the lining of the oesophagus (gullet), stomach and small intestine and appears white on X-rays.

There are a few medical conditions that mimic the symptoms of reflux. For these conditions, other tests may be required. Pain from the heart, the oesophagus and other structures in the chest can often be very similar and difficult for patients and even doctors to tell apart.

Your doctor will have carefully considered this during your hospital visit and will be sending you home only if they believe it is safe to do so.

Treatment

The most effective way of treating reflux disease is with prescription medications called proton pump inhibitors, which reduce the amount of acid that your stomach produces.

These are effective at both reducing the symptoms of reflux as well as allowing for the healing of ulcers and erosions that may have developed.

In some patients laparoscopic or keyhole surgery can be considered to repair a hiatus hernia and to strengthen the lower oesophageal sphincter.

You should speak with you doctor to determine the best treatment and follow-up plan for you.

Home care

Doing the following will help you get better:

- Stop smoking. Now is the time. Stopping will likely improve your symptoms, your general health and your life expectancy.
- Avoid large meals and avoid those foods that you find make symptoms worse (e.g. fatty meals, alcohol, tomatoes, spicy foods, coffee, chocolate and hot drinks).
- Lose weight if you are overweight.
- Don’t eat within two hours of lying down or going to bed at night.
- If symptoms are still bad at night, use extra pillows, or, if practically able, prop up the head of your bed by 15cm so that it is on a slight angle (head up) by placing e.g. a phone book under the bed head.

Taking antacids can also help with immediate relief of symptoms but they tend to recur quite quickly afterwards. Speak to your local pharmacist but some examples are Mylanta, Gaviscon and Quick-Eze.

What to expect

You should see your doctor if:

- you start vomiting blood
- there is a change in your faeces, such as a change in colour, red (fresh blood) or black (old blood)
- you are feeling tired or short of breath
- your symptoms worsen or change, or you have other concerns.
- you develop severe chest pain that you think may be originating from your heart