RIVER CITY
GASTROENTEROLOGY

Gastro-Oesophageal Reflux Disease (GORD)

Understanding acid reflux and how to manage it

WHAT IS GORD?

Gastro-oesophageal reflux disease (GORD) occurs when stomach acid repeatedly flows back into the oesophagus (the tube that connects your mouth to your stomach). This backwash irritates the oesophageal lining and causes pain and discomfort.[2,4]

Occasional acid reflux is common and normal. GORD is diagnosed when mild reflux occurs at least twice a week, or moderate to severe reflux occurs at least once a week.[1]

Most people manage GORD well with lifestyle changes and over-the-counter medications, but some need stronger treatments.

SYMPTOMS

Common symptoms include:[1,2]

- Heartburn (a burning feeling in the chest, usually after eating, which may be worse at night)
- Chest pain
- Difficulty swallowing
- Regurgitation of food or sour liquid into the mouth
- Sensation of a lump in the throat

Nighttime acid reflux may also cause chronic cough, laryngitis (hoarse voice), worsening asthma, or disrupted sleep.

> **SEEK EMERGENCY CARE IMMEDIATELY FOR:**
> Chest pain with shortness of breath, or jaw or arm pain. These may be signs of a heart attack, not GORD.

WHEN TO SEE A DOCTOR

- You have severe or frequent GORD symptoms
- You are using over-the-counter heartburn medications more than twice a week

WHAT CAUSES GORD?

When you swallow, a ring of muscle at the bottom of the oesophagus (the lower oesophageal sphincter) relaxes to allow food and liquid into the stomach, then tightens again. If this muscle relaxes abnormally or weakens, stomach acid flows back up, repeatedly irritating the oesophageal lining.[2]

RISK FACTORS

Conditions that increase the risk of GORD:[1,4]

- Obesity
- Hiatal hernia (the top of the stomach bulges up through the diaphragm)
- Pregnancy
- Connective tissue disorders such as scleroderma

- Delayed stomach emptying

Factors that worsen reflux:

- Smoking
- Eating large meals or eating late at night
- Fatty or fried foods, chocolate, mint, tomato-based foods
- Alcohol or coffee
- Certain medications: aspirin, ibuprofen, some blood pressure drugs

COMPLICATIONS OF UNTREATED GORD

If untreated, GORD can lead to:[1,3]

- **Oesophageal stricture**: scar tissue narrows the oesophagus, making swallowing difficult
- **Oesophageal ulcer**: stomach acid wears away tissue, causing a painful open sore that can bleed
- **Barrett's oesophagus**: repeated acid damage changes the cells lining the lower oesophagus, increasing the risk of oesophageal cancer (see the Barrett's Oesophagus fact sheet)

MANAGEMENT

Lifestyle changes

- Maintain a healthy weight.
- Eat smaller meals and avoid lying down for at least 2-3 hours after eating.
- Avoid trigger foods and drinks.
- Elevate the head of your bed by 15-20 cm if you have nighttime symptoms.
- Stop smoking.

Medications

- **Antacids**: fast, short-term relief by neutralising stomach acid
- **H2 blockers (e.g. famotidine)**: reduce acid production
- **Proton pump inhibitors (PPIs)**: such as omeprazole, lansoprazole, or pantoprazole. The most effective medications. Strongly reduce acid production and allow healing. Available over the counter and by prescription.[1]

Surgery

If medications are not effective, surgery (fundoplication: wrapping the top of the stomach around the lower oesophagus) may be considered. Discuss this option with your specialist.

RESOURCES AND SUPPORT

- **Gastroenterological Society of Australia (GESA):** www.gesa.org.au - GORD clinical guidelines
- **Healthdirect Australia:** 1800 022 222 | www.healthdirect.gov.au - Free 24/7 health advice and information
- **NPS MedicineWise:** www.nps.org.au - Consumer information on antacids, H2 blockers, and proton pump inhibitors (PPIs)
- **Dietitians Australia:** www.dietitiansaustralia.org.au - Find a dietitian for dietary management of GORD

REFERENCES

1. Katz PO, et al. (2022). ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease. American Journal of Gastroenterology, 117(1), 27-56.
2. Kahrilas PJ. (2008). Gastroesophageal reflux disease. New England Journal of Medicine, 359(16), 1700-1707.
3. Gastroenterological Society of Australia (GESA). (2023). Gastro-oesophageal reflux disease. https://www.gesa.org.au
4. Dent J, et al. (2005). Epidemiology of gastro-oesophageal reflux disease: a systematic review. Gut, 54(5), 710-717.