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Proceed with caution when treating GERD with drugs

By Alan Titchenal and Joannie Dobbs Posted February 23, 2016 February 23, 2016

Heartburn, the common term for GERD, or gastroesophageal reflux disease, is increasingly common and is occurring at earlier ages than in the past. There are some effective drugs for treating it. However, as you might have noticed in the news, there are increasing concerns about the long-term effects of some of these medications.

The greatest concern is linked to the use of proton pump inhibitor, or PPI, drugs. Major brand names include Nexium, Prilosec and Prevacid. The long-term use of PPIs has been linked to increased risk of heart disease, kidney disease, osteoporosis, restless legs syndrome and, recently, dementia. However, if these associations are actually caused by the drugs, it could be due to misuse of the drugs.

Question: How do PPI drugs work?

Answer: These drugs greatly decrease stomach acid production. Product directions for Prilosec indicate that the drug should not be taken for longer than 14 days unless directed otherwise by a doctor and to wait for four months before taking the drug for another 14-day period.

However, PPI drugs have been available over the counter for more than 10 years, and many people might not be following this 14-day dosage regimen. As a consequence, it is not unusual for people to have serious GERD symptoms when they stop using a PPI drug, especially when they have been taking it for a long time.

During the time that the drug is doing its job stopping acid production, the stomach cells that produce acid apparently multiply in an attempt to produce enough stomach acid to digest food adequately. When the pills are stopped, the cells produce more acid

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than usual, which can trigger severe symptoms.

If you have been taking a PPI drug for a long time, you might want to talk to your doctor about the possibility of tapering off of the drug rather than stopping abruptly. Another possibility could be switching to another type of acid-reducing drug such as an H2 blocker like Zantac or Tagamet. Again, check with your doctor before making any of these changes.

Q: How do PPIs affect digestion and nutrient absorption?

A: The stomach produces hydrochloric acid to prepare a wide variety of nutrients for digestion and absorption into the body. When stomach acid is reduced by drugs, protein digestion is not as efficient, the vitamin B12 in foods is poorly absorbed and calcium, iron and various other minerals are poorly absorbed as well. Over time this can lead to nutrient deficiencies that have a substantial impact on health.

For example, a B12 deficiency can cause memory problems, calcium deficiency can lead to osteoporosis and iron deficiency can cause problems ranging from fatigue and depression to restless legs syndrome and thinning hair.

Q: How can GERD be managed without drugs?

A: GERD is caused by stomach acid going up into the esophagus — the tube carrying food from the mouth to the stomach — generally due to the valve (sphincter) at the juncture between the esophagus and stomach not closing tightly.

Things that can help to reduce GERD include:

- >> Keeping a meal size moderate.
- >> Staying upright for at least two hours after eating.
- >> Avoiding food that tends to trigger your GERD symptoms.
- >> Not exercising too soon after eating and avoiding higher-fat snacks before exercise.
- >> Sleeping with the head of your bed slightly elevated.
- >> If you are overweight, losing some weight might help.

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