

GASTRO-OESOPHAGEAL REFLUX DISEASE(GORD)

This is a common, chronic and relapsing condition which presents with heartburn (a burning sensation behind the breast bone or sternum), regurgitation (liquids or solids rising from stomach into gullet) or waterbrash (a bitter or metallic taste at the back of the mouth). It is more common in middle age and in over weight individuals. The underlying problem is due to the reflux or movement of stomach acid into the gullet (oesophagus) and then spending longer than normal in contact with the gullet lining. Occasionally, the acid may damage the lining of the gullet (oesophagitis) which may vary from mild (patchy inflammation or erosions) to severe (with widespread ulceration and possibly, bleeding or even scarring). Acid-induced damage may be more likely in patients with a hiatus hernia.

Before considering treatment with drugs, you may be able to control or reduce your symptoms by avoiding large meals late at night (if nocturnal symptoms), by decreasing the intake of coffee, tea, chocolate, alcohol or cigarettes (these stimulate acid-production) or by losing weight (if overweight).

Most patients with GORD respond extremely well to treatment with drugs which lower the amount of acid produced by the stomach. These will also heal any acid-induced damage. There are 2 types of acid-lowering drugs: H₂ receptor antagonists (such as ranitidine) and proton pump inhibitors (such as omeprazole). The particular drug and dose prescribed by your GP will depend upon the severity of your symptoms and whether you are taking any other drugs.

The majority of patients with symptoms of GORD will be treated effectively using drugs without the need for investigation by upper gi endoscopy. However, some patients fail to respond to drug treatment or develop difficulty with swallowing, persistent vomiting or unintentional weight loss and then endoscopy is recommended and your GP will be able to make arrangements for this.