

What is reflux?

Reflux is also known as 'acid reflux' or 'gastro-oesophageal reflux'.

When your stomach contents rise up, or 'reflux', into your oesophagus (food pipe), you can have an uncomfortable burning feeling or discomfort in your chest. When reflux causes troublesome symptoms or complications, it is called 'gastro-oesophageal reflux disease', or GORD for short. This is sometimes spelled 'gastroesophageal reflux disease', or GERD.

Typical symptoms of reflux include heartburn and acid regurgitation. Heartburn (sometimes called indigestion) is a feeling of discomfort, burning or pain rising up from your lower chest to your neck, often after a meal or when lying down. Regurgitation is when food or fluid rises up into your throat or mouth. Not everyone with GORD has typical, or even any, symptoms.

If you have reflux symptoms regularly, say a few days a week or even every day, they may be distressing and need treatment.

Some people have other symptoms that may be related to acid reflux. They may also be caused by something else entirely. Problems that may be related to acid reflux include tooth decay, persistent cough, sore throat, chest pain and disturbed sleep.

Some people develop complications from reflux that they have had for a long time. Inflammation can make the lower end of the oesophagus become narrow, which can make it hard to swallow or cause food to get stuck. Long-term acid reflux may lead to cancer of the oesophagus, although it is rare.

What causes reflux symptoms?

Reflux is usually caused by a weakness in the muscle, or 'sphincter', at the lower end of the oesophagus that helps to keep fluid, food, and acid in your stomach. You are more likely to have this weakness if there is higher pressure in your abdomen (belly) because of overweight or obesity. Pregnant women also often develop reflux symptoms. Some people have a 'hiatus hernia', where



part of the stomach slides up through the diaphragm into the chest. People who have had an operation for weight loss, particularly laparoscopic sleeve gastrectomy or placement of a gastric balloon, may develop reflux symptoms.

Sometimes the foods we eat can make reflux symptoms worse. People who notice that particular foods make their symptoms worse can avoid those triggers. Problem foods include fatty foods, chocolate, coffee, alcohol, cola drinks and peppermint, although every person is different. Eating a large meal makes the stomach expand, which makes reflux more likely. Smoking can also cause reflux symptoms.

There are some simple things you can do to reduce reflux symptoms. People who get reflux should avoid having a meal just before going to bed and should have smaller meals. Raising the head of the bed and sleeping on your left side, rather than on your back or right side, reduces reflux. Being overweight can contribute to reflux, so losing weight can lessen the symptoms. Wearing loose clothes can also help with symptoms.

Do I need any tests?

Reflux disease is diagnosed based on its symptoms, and your doctor will usually prescribe treatment without any special tests being needed. However, if you have reflux

with weight loss, difficulty or pain in swallowing, or vomiting of blood, then special tests will be needed.

If you have any of these concerning features, or if medication doesn't work well, you should speak with your doctor about having a test called a 'gastroscopy' or 'endoscopy'.

During a gastroscopy, the doctor will examine the inside of your oesophagus and stomach using a flexible tube. This will show any inflammation, ulcers or narrowing, and sometimes small samples will be taken for a biopsy. Based on what this test finds, the doctor may suggest changing your treatment. Further tests might be needed to check the muscles in the oesophagus or to see for how long acid refluxes up from the stomach, but this is rare.

How is reflux treated?

Treatment for reflux depends on how severe and frequent the symptoms are, or if there are any complications.

Almost everyone will have temporary reflux symptoms at some stage in their life, and a change in lifestyle (e.g. diet, weight loss) can be enough for many people to avoid troublesome symptoms. If you have mild or only occasional symptoms, antacids, which neutralise the acid made by the stomach, will often help. If you have more severe symptoms, you may need drugs called proton pump inhibitors or histamine receptor antagonists, which reduce the amount of acid the stomach makes. Low-dose medications to treat occasional reflux symptoms can be bought over the counter at the chemist on the advice of your pharmacist. If you have symptoms often, or they won't go away, it is recommended you see your doctor and get a prescription. Medications for treating reflux are available on the PBS. Your doctor will usually start with recommending you try a proton pump inhibitor.

Treatment should be combined with recommended lifestyle changes, particularly weight loss.

Will I need to take medication forever?

Unfortunately, most people who have troublesome reflux symptoms will keep having them if they don't take medication, but you may be able to take medication on an 'as needed' basis once your symptoms are under control. Most people taking long-term treatment don't actually need it, and they may develop other problems that could have been avoided, such as low magnesium levels, nutrient deficiencies, bone fractures, or lung or bowel infections. However, some people with more severe reflux do need daily medication to manage their symptoms. It is recommended you take the lowest dose of medication needed to control your symptoms.

Are there surgical options for treating reflux?

A very small percentage of people will need surgery to control their reflux disease. The surgery is done using a 'keyhole' approach, called laparoscopy.

Surgery is usually only used for patients who have severe symptoms or symptoms that are not adequately relieved with medication. Surgery is particularly useful if patients have a large hiatus hernia, where part of the stomach lies above the diaphragm. In this situation, the stomach acid can easily regurgitate into the oesophagus, causing reflux symptoms. Special tests are needed before being referred for surgery to check whether a patient is a suitable candidate to have the surgery. Over time, many patients who have surgery end up taking acid-lowering medications again.

Acknowledgements

This resource was reviewed and updated by the following health professionals in 2022:

Dr Lauren Tang, Gastroenterology Advanced Trainee, AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Sydney NSW Australia

Dr Karen Waller, Hepatology Fellow, AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Sydney NSW Australia

A/Prof Simone Strasser, Gastroenterologist, AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Sydney NSW Australia

Requests and enquiries concerning reproduction and rights should be addressed to: Gastroenterological Society of Australia (GESA)
Level 3, 517 Flinders Lane, Melbourne VIC 3000 | Phone: 1300 766 176 | email: gesa@gesa.org.au | Website: <http://www.gesa.org.au>

This document has been prepared by the Gastroenterological Society of Australia and every care has been taken in its development. The Gastroenterological Society of Australia and other compilers of this document do not accept any liability for any injury, loss or damage incurred by use of or reliance on the information. This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. Apart from any use as permitted under the *Copyright Act 1968*, all other rights are reserved. © 2022 Gastroenterological Society of Australia ABN 44 001 171 115.