

Fight Heartburn and GERD: Diet and Lifestyle Can Make a Difference (Part two of two)

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Part one of this article in last week's POST (11/30/16) looked at this all too common ailment and the greater risk of bone fracture associated with long term use of the medications used to treat it [Proton pump inhibitors (PPIs) - includes such familiar brands as Nexium, Prevacid and Prilosec. The acid-suppressing medications, known as histamine 2 receptor agonists (H2RA), include Tagamet and Pepcid.] In part two we look another issue of concern associated with these medications. And then finally, we look at getting into the belly of the beast...that is, at the much more challenging but ultimately safer and more essential role that diet and behavior choices make. Again, with the Holidays soon upon us, it is a good time to explore the deep link between mind and midsection. – Rob Olmsted

GERD: POSSIBLE NUTRIENT DEFICIENCIES

Another nutrient of concern is vitamin B12. Between 10% and 30% of adults over age 50 have a condition called atrophic gastritis, which decreases the secretion of hydrochloric acid in the stomach. Taking medications to reduce stomach acid levels has a similar effect. Either way, without enough stomach acids, the body can't extract adequate vitamin B12 from foods.

Your body needs B12 for proper blood-cell formation, neurological function, DNA synthesis and other tasks. Although B12 is a water-soluble vitamin, when naturally present in foods such as meat, fish, poultry, eggs and dairy products, B12 is bound to proteins in the food. In your stomach, hydrochloric acid and pepsin (an enzyme that breaks down proteins) release the B12 for your body to use.

If you're taking PPIs or H2RAs for heartburn or GERD, be aware of your body's B12 demands. Fortunately, the vitamin B12 found in fortified foods, such as breakfast cereals, is different from the natural form. The crystalline synthetic form added to foods or used in supplements is already in a free form that doesn't require stomach acids for the body to use it.

Other nutrients whose absorption might be reduced by such medications include folate, beta-carotene, vitamin C, magnesium, iron and zinc. Make sure to choose foods rich in the nutrients you may be lacking, including dairy products, green leafy vegetables, whole grains and fortified breakfast cereals. Discuss with your doctor whether you should consider any dietary supplements. In many cases it is not necessary.

GERD DIET: EATING TO FIGHT GERD

Given the nutritional downsides of long-term use of these medications, it makes sense to try dietary and lifestyle modifications to fight heartburn and GERD. Although foods don't cause the underlying esophageal sphincter problems, certain foods can trigger your painful symptoms. Some lower the sphincter pressure between the stomach and esophagus, making it easier for stomach acid to reflux up; these can include high-fat foods, alcohol, peppermint, onions, carbonated beverages and chocolate. Other foods, such as citrus and spicy dishes, stimulate the already irritated nerve endings in the lining of

the esophagus. Common beverages such as coffee (both caffeinated and decaffeinated), tea, cola, tomato juice and orange juice may also aggravate symptoms.

Other steps you can take to help control your GERD symptoms include:

- Eat more frequent lighter meals and snacks. Large quantities of food are more challenging and take more time to digest.
- Work to lose weight. Cutting calories from unhealthy sources such as starches and added sugars can reduce your risk for heartburn and GERD, which have been linked to being overweight.
- Try chewing gum after meals to stimulate saliva production. Your saliva contains compounds that help neutralize stomach acids and increase peristalsis, the process that moves contents from the stomach to the small intestine. Pick a flavor other than peppermint.
- Follow your meals with a small glass of water. This could help dilute and wash down any refluxing stomach acids.
- Skip carbonated beverages, especially with meals. Carbonation can bloat the abdomen, pressing on your stomach and pushing stomach acids upward.
- Try eating more fiber. One study found that people whose diets were high in fiber were less likely to have heartburn and GERD symptoms, regardless of their body weight.
- Don't lie down within three hours of eating, when acid production is at its peak. If you're an early-to-bed person, plan early dinners. You should also avoid bedtime snacks.
- When you do lie down, try keeping stomach acids in their place by raising the head of your bed six to eight inches. Extra pillows under your head probably won't do the trick; special foam wedges, sold in bedding stores and through medical supply houses, are needed to raise your upper body enough. Or do it yourself by putting blocks of wood under the bedposts at the head end.
- If you smoke, here's another reason to quit. The chemicals in cigarette smoke may relax the esophageal sphincter and allow reflux of digestive acids.
- Avoid tight-fitting waistbands and clothes that squeeze your middle.
- "Check with your doctor to find out if you are taking any medication that could be promoting heartburn," says Tufts' Dr. Russell. "There might be an alternative you could take."

These small changes in your lifestyle could pay big dividends in your quality of life, reducing discomfort and possibly long-term risks to your health.