

Patient information

Diet and Gastro Oesophageal Reflux Disease - GORD

Nutrition and Dietetics Department

Introduction

Gastro-oesophageal reflux disease (GORD) is included in a group of common gastric disorders, including indigestion, heartburn and hiatus hernia.

GORD is the term used to describe a condition where stomach acid leaks out of the stomach and into the oesophagus (gullet), which is a long muscular tube that runs from the mouth to the stomach.

Up to twenty to twenty five percent of adults are affected by GORD at some point in their life.

Symptoms of GORD

Common symptoms of GORD can include:

- A burning pain in the chest (heartburn) or more mild discomfort that occurs after eating or when bending or lying down.
- Acid reflux (where stomach acid comes back up in to the mouth and causes a sour taste).
- Difficulty or pain on swallowing - known as dysphagia.
- Feeling bloated and belching.
- Tooth decay and gum disease.

Symptoms may only happen on occasion and resolve quickly; however persistent and more severe symptoms should be discussed with your GP as you may require further investigation or treatment. Untreated GORD can result in damage and inflammation and may develop into more serious conditions such as Barrett's oesophagus.

What causes GORD?

GORD is caused by the reflux of the stomach contents which contains acid, bringing this content up into the food pipe or oesophagus.

It is thought that most cases of GORD are caused by a problem with the lower oesophageal sphincter (LOS) muscle not working properly.

This muscle is located at the bottom of the oesophagus. It acts like a valve, opening to let food fall into the stomach and closing again to prevent acid leaking back out of the stomach.

In GORD, it is known that the LOS can become weakened and therefore does not close properly. This allows acid to leak up, passing out of the stomach and back into the oesophagus causing the symptoms discussed previously.

You may be more likely to experience GORD if:

- You have a hiatus hernia, where part of your stomach pushes up through your diaphragm.
- You have an infection with a bacterium called helicobacter pylori, which can be identified with a breath-tests and treated with antibiotic therapy.
- You are pregnant due to increased pressure on the stomach and hormonal changes.
- Have a condition called gastroparesis, where the stomach takes longer to empty.
- You are overweight or obese as this can increase pressure on the stomach weakening the LOS.
- You frequently eat a high- fat diet, as this can cause the stomach to take longer to digest food and remove excess acid.

How is GORD treated?

There is little evidence to prove that dietary habits can cause symptoms of GORD.

However, we know that for many people, small changes in your diet or lifestyle may assist in treating the symptoms of GORD. You can also visit your local pharmacy for advice.

Lifestyle tips to help:

- Eating smaller, more frequent meals, instead of three large meals a day may help.
- Eat slowly and chew your food well.
- Avoid eating very hot or very cold foods as you may swallow extra air when eating which could make your symptoms worse.
- Try to not eat your evening meal within three or four hours of bedtime.
- Try to sit upright, rather than slumped when eating.
- Try to identify 'triggers foods' which make your GORD symptoms worse.
- Common examples include alcohol, chocolate, coffee, tomatoes, spicy foods, and high fat foods.
- Keeping a food and symptom diary for two-four weeks can help identify any key 'trigger foods'.

- Reduce stress as this can make symptoms worse. Try to find ways to relax, you could try talking with friends, low impact physical activity or use of free mental wellbeing downloads.
- If you are overweight, even a small amount of weight loss may help reduce your symptoms.
- Stopping smoking, can help to prevent irritation of the digestive system including the stomach and oesophagus.
- Raising the head of your bed by around 20cm (8 inches) by safely placing a piece of wood or blocks under it. You could try sleeping on extra pillows at first.

When to speak to a doctor about GORD?

Visit your GP if you're worried about your symptoms, or if:

- You have symptoms several times a week.
- Over the counter medications known as antacids such as Gaviscon or Rennie aren't helping.
- Your symptoms are severe.
- You have difficulty swallowing.
- You have possible signs of a more serious problem, such as persistent vomiting, vomiting blood or unexplained weight loss.

Your GP will usually be able to diagnose GORD based on your symptoms, although they may refer you for some tests.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you are concerned that you are losing weight or feel that you need to speak to a Dietitian, please contact the Nutrition and Dietetics Department.

Dietitians

Aintree Hospital
Tel: 0151 529 3473

Royal Liverpool Hospital
Tel: 0151 706 2120

Additional information may be found at the following website:

NHS – GORD

<http://www.nhs.uk/conditions/Gastroesophageal-reflux-disease/Pages/Introduction.aspx>

NHS support to manage stress

Get help with stress - NHS (www.nhs.uk)

NHS Better Health Weight Loss Plan

<https://www.nhs.uk/better-health/lose-weight>

Core Charity

<http://www.corecharity.org.uk>

Guts UK

Heartburn & Acid Reflux | Causes, Symptoms & Treatment | Guts UK
(gutscharity.org.uk)

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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