



Seeking Relief from GERD

Gastroesophageal reflux disease, or GERD, is one of the most diagnosed diseases in the United States. It is commonly described as bothersome heartburn that occurs once to twice a week and may last from a few minutes up to an hour, possibly longer, if not treated. The burning sensation is caused by a back-up of acidic stomach contents into the throat. Symptoms of GERD may be confused with unrelated conditions like chest pain, so it is important for a physician to get a thorough medical history of patients reporting similar symptoms.

Treatments for GERD

Treating GERD can include both lifestyle changes and medication. Lifestyle changes may include:

- Weight loss if overweight
- Quitting smoking if a smoker
- Avoiding high-fat or spicy “trigger” foods
- Limiting caffeine consumption
- Eating small meals throughout the day
- Avoiding meals/snacks before bed

There are two classes of drugs that are commonly used to treat GERD: histamine-2 receptor blockers (H₂ blockers) and proton pump inhibitors (PPIs). H₂ blockers and PPIs target cells in the stomach that produce gastric acid and reduce the acidity of stomach contents that may back up into the esophagus. Each class of medication has different directions for use, different side effects and different interactions. It is the responsibility of both the

patient and physician to decide if drug therapy is appropriate, and if so, which medication may benefit the patient most.

Side Effects & Risks of Drug Treatments

Patients should be aware that medications used to treat GERD have the potential for side effects as described in the chart below. While these are the most common side effects, this is not an exhaustive list. Other, less common, side effects may occur. Patients should become familiar with these prior to using any therapy

H ₂ Blockers	PPIs
Headache	Headache
Dizziness	Dizziness
Abdominal Pain	Abdominal Pain
Diarrhea	Diarrhea
Nausea	Constipation
Vomiting	Nausea
Acid Regurgitation	
Constipation	

GERD is a very manageable disease. With lifestyle changes and medication, symptoms can be controlled, potentially eliminating the need for long-term medication therapy. Some patients may remain on medications throughout their lives, though, depending on the severity of their condition, their response to medication, and adherence to lifestyle changes.

Symptoms of GERD

Main Symptom

Burning in one's chest, generally after eating

Other Symptoms

- Hoarseness
- Laryngitis
- Sore throat
- Chronic dry cough (especially at night)
- Bad breath
- Feeling as if you have a lump in your throat

Alarm Symptoms

may require further testing

- Chest pain
- Painful swallowing
- Difficulty swallowing
- Weight loss
- Bleeding
- Vomiting

If your symptoms include chest pain, a further heart exam may be necessary.

Be Aware of Drug Interactions with PPI's

PPI use and osteoporosis

The FDA has recently published warnings regarding the use of PPIs for more than one year and the associated risk of bone loss and bone breaks. These findings apply mostly to women older than 50. It is recommended that patients not stop their PPI therapy without speaking to their physician to evaluate their risk factors for osteoporosis. At-risk patients may need to take calcium and vitamin D with their PPI.

PPI use and low magnesium

The FDA also reported that low magnesium is another potential risk associated with long-term PPI use. Have your blood checked for magnesium levels prior to starting PPIs long-term. Also alert your doctor to additional medications that may predispose you to having low magnesium - diuretics (water pills), digoxin, and others. Serious events are related to low

magnesium levels, including tremors, seizures, and heart rhythm abnormalities. If you are concerned about PPI use and low magnesium, speak with your physician or pharmacist.

PPI use and Plavix® (clopidogrel)

New FDA recommendations address the use of PPIs and Plavix® (clopidogrel). Plavix® is a prescription medication that keeps blood cells from clotting. Omeprazole or another PPI is commonly prescribed with Plavix® to protect one's stomach from bleeding. An interaction may exist between PPIs and Plavix® which could decrease the drug level of Plavix® potentially placing patients at a greater risk for a heart attack or stroke. Persons using Plavix® who are considering PPI therapy should speak with their physician or pharmacist before taking GERD medication to discuss this potentially serious interaction.

Medications Used to Treat GERD

Most H₂ blockers start working within 30 minutes to an hour and exert their greatest effect within 2-3 hours. PPIs take longer to start working, generally 1-3 hours with maximum effect over several days. For optimum results, take your H₂ blocker or PPIs on a regular schedule.

Commonly Used Proton Pump Inhibitors (PPI)			
Drug Name	OTC or Prescription?	Dose for GERD	Common Interactions
Aciphex® (rabeprazole)	Prescription	20 mg daily	Asacol® (mesalamine), Plavix® (clopidogrel), Prograf® (tacrolimus)
Nexium® (esomeprazole)	Prescription	20 to 40 mg daily	Asacol® (mesalamine), Coumadin® (warfarin), Plavix® (clopidogrel), Prograf® (tacrolimus)
Prevacid® (lansoprazole)	Both	30 mg daily	Asacol® (mesalamine), Coumadin® (warfarin), Plavix® (clopidogrel), Prograf® (tacrolimus)
Priolosec®, Prilosec® OTC, and Zegerid® (omeprazole)	Both	20 mg daily	Asacol® (mesalamine), Coumadin® (warfarin), Plavix® (clopidogrel), Prograf® (tacrolimus)
Protonix® (pantoprazole)	Prescription	40 mg daily	Asacol® (mesalamine), Plavix® (clopidogrel)
Commonly Used H ₂ Blockers			
Drug Name	OTC or Prescription?	Dose for GERD	Common Interactions
Pepcid® (famotidine)	Both	20 mg twice daily	Asacol® (mesalamine)
Tagamet® (cimetidine)	Both	800 mg twice daily	see below
Common Interactions with Tagament: Asacol® (mesalamine), Cardizem® (diltiazem), Celexa® (citalopram), Clozaril® (clozapine), Colcrys® (colchicine), Cordarone® (amiodarone), Coumadin® (warfarin), Dilantin® (phenytoin), Glucophage® (metformin), Lexapro® (escitalopram), Nolvadex® (tamoxifen), Plavix® (clopidogrel), Quaalun® (quinine), Sonata® (zaleplon), Theo-24® (theophylline)			
Zantac® (ranitidine)	Both	150 mg twice daily	Asacol® (mesalamine), Coumadin® (warfarin)

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