



**Gastroesophageal Reflux Disease (GERD) – Moderate Risk**

Gastroesophageal Reflux (GERD) is what happens when the lower esophageal sphincter (LES) becomes weak or relaxes when it shouldn't, and stomach contents come back up into your esophagus. The stomach acid that touches the lining of your esophagus can cause heartburn, also called indigestion. It can also be called acid reflux or acid regurgitation. GERD affects about 20 % of the U.S. Population. Individuals with severe GERD have poorly controlled symptoms on prescription medications.

**Risks that contribute to Moderate Risk GERD include but are not limited to:**

- Increased pressure on your abdomen from being overweight, obese, or pregnant
- Eating large and / or high fat meals
- Behaviors around eating such as gagging, over eating, food stuffing, and food refusal
- Certain medicines: Antihistamines; Painkillers; Sedatives; Antidepressants
- Smoking
- Use of alcohol

**Symptoms of Moderate Risk GERD may include but are not limited to:**

- The sensation that food is sticking in the esophagus because strictures, or a narrowing of the esophagus can occur
- Pain just behind the breastbone or upper abdomen
- Nausea and / or vomiting especially after eating and / or frequent regurgitation
- Bleeding
- Sore throat or trouble swallowing or painful swallowing
- Respiratory problems including asthma, cough or wheezing
- Laryngitis, hoarseness or change of voice

**Outcomes associated with having Moderate Risk GERD include but are not limited to**

- Tooth decay
- Development of a Barrett's esophagus – pre-cancerous
- Possible need for surgical repair of sphincter
- Esophageal perforation or permanent damage to the esophagus

**Recommendations:** Awareness of risk is important. Be alert to changes that might trigger GERD and report changes. You should consider including ways to prevent GERD in the individuals care plan such as:

- Close follow – up by a GERD specialist/ GI specialist
- Follow all prescribed treatment
- Maintaining a healthy body weight
- Eat smaller less fatty meals and do not eat 2-3 hours before bedtime.
- Avoid other foods that trigger heartburn such as citrus, tomato, spices, chocolate and carbonated drinks- consider dietician consult.
- Cut back on alcohol, caffeine, chocolate, and quit smoking
- Administer TF with HOB greater than 45 degrees.
- Maintain upright position for 1 hour after eating.
- Re-evaluate risk assessment if receives acute care.



# Virginia Department of Behavioral Health & Developmental Services

## References:

- National Institutes of Health; National Institute of Diabetes and Digestive and Kidney Diseases (2016). Diagnosis of GER & GERD. Retrieved from <https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults/diagnosis>
- Lal, S.K., Zieve, D., Ogilvie, I., and A.D.A.M. Editorial team. (2016, May). Gastrointestinal Anatomy. National Institutes of Health / U.S. National Library of Medicine. Retrieved from <https://medlineplus.gov/ency/imagepages/17115.htm>
- Picco, M. (2015). Disease and conditions GERD. Mayo Clinic. Retrieved from <http://www.mayoclinic.org/diseases-conditions/gerd/expert-answers/heartburn-gerd/faq-20058535>
- Cox, L. (n.d.). The progressive stages of GERD. RefluxMD. Retrieved from <http://www.refluxmd.com/the-progressive-stages-of-gerd/>

**Please note: this information is not intended to replace the advice of a doctor or nP. Always seek the advice of your physician or other qualified health providers with any questions about your medical condition.**