



The Role of Nutrition in Preventing and Managing GERD

NUTRITION CONNECTION



NUTRITION IS A VITAL COMPONENT IN THE EFFECTIVE TREATMENT AND MANAGEMENT OF GERD.

It seems like each time I am completing a nutritional assessment for a resident in post-acute care, there is a diagnosis of GERD included in their overall listing of diagnoses. This can be expected since gastroesophageal reflux disease or “GERD” is the most common upper gastrointestinal disorder seen in older adults. Each year, more than 20 million people in the United States suffer from symptoms of GERD daily, while more than 100 million suffer occasional symptoms. Generally speaking, 25 to 40 percent of the U.S. population experiences symptomatic GERD.

Nutrition plays an integral role in effective treatment and management, and providers need to better understand

what GERD is to support “best practice” prevention and positive management. This article will provide general information about GERD, along with nutritional factors to consider for improved outcomes.

GERD DEFINED

Gastroesophageal reflux disease (GERD) is defined as a “condition that develops when the reflux of stomach contents into the esophagus causes troublesome symptoms and/or complications.” The root cause of the disease is a faulty valve between the esophagus and the stomach, called the lower esophageal sphincter, that relaxes more often than it should. The result is that juice



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from the stomach—made up of acid, digestive enzymes, and other unpleasant substances—sneaks back up into the esophagus and damages its lining. The cause(s) or etiology of GERD is multifactorial, and includes both physical and lifestyle factors.

FACTORS WHICH MAY CONTRIBUTE TO GERD

- Increased secretion of hormones (gastrin, estrogen, progesterone)
- Presence of other medical conditions such as hiatal hernia or scleroderma
- Cigarette smoking
- Obesity/overweight
- Pregnancy
- Use of medications (dopamine, morphine, theophylline)
- Specific foods such as spearmint, peppermint, and those high in fat

Each person may not feel GERD in the same way, and it is important to understand the specific symptoms the individual is experiencing.

COMMON GERD SYMPTOMS

- Heartburn (often after eating)
- Burning pain behind the chest that may move up toward the neck

- Burning pain that is worse when lying down or bending over
- Feeling like food is coming back up into the mouth, maybe with a bitter taste
- Sore throat that won't go away
- Hoarseness (scratchy-sounding voice)
- Cough that won't go away
- Asthma
- Increased salivation
- Chest pain
- Feeling like there is a lump in the throat
- Pain when swallowing or dysphagia
- Feeling as though food sticks in the throat when going down
- Nausea
- Frequent burping
- Vomiting

If GERD is untreated or is not responsive to treatment, then complications may include dysphagia, aspiration, respiratory conditions, ulceration, perforation or stricture of the esophagus, and/or Barrett's esophagus.

NUTRITION AND GERD

It is important to note that there are nutritional and biochemical issues to consider in medical nutritional management of GERD which include inadequate nutritional

intake, electrolyte imbalances, iron deficiency and possible decreases in iron, vitamin B-12, and calcium absorption associated with long-term use of medications that reduce acid production. These residents should be considered at potential nutritional risk, and nutrition therapy to include nutrition/lifestyle education is an important component of the medical care for this condition.

Nutrition assessment should include height, weight, weight history, and appropriate hematological information such as hemoglobin and hematocrit. Other factors to consider include:

- Chewing/swallowing abilities
- Nausea/vomiting
- Constipation or diarrhea
- Heartburn or any other symptoms interfering with the ability to have a normal eating pattern
- Ability to feed self, cook, and prepare meals
- Food allergies/intolerances or food restrictions
- Ethnic/cultural or religious influences
- Use of medications
- Use of alcohol and vitamin/mineral/herbal or other supplement types

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- Eating pattern
- Medical, social, and lifestyle history
- Diagnostic tests
- Laboratory tests

Interviews focusing on the consumption of foods that may be exacerbating or triggering symptoms can be obtained through a food history or food recall/food frequency diary.

Nutrition interventions and therapy may include the following:

- Trial of food restriction(s) to reduce gastric

acidity by eliminating black and red pepper; coffee (caffeinated and decaffeinated); alcohol in accordance with the resident desired goals.

- Substituting smaller, more frequent meals. Large meals increase gastric pressure on the lower esophageal sphincter (LES), thereby allowing reflux or aspiration to occur.
- Trial of food restriction to assess effect on lower esophageal sphincter pressure by eliminating

chocolate, mint, and foods with a high fat content in accordance with the resident desired goals.

- Weight loss as appropriate.
- Smoking cessation.
- Improved clearing of materials from the esophagus.
- Remaining upright after eating (not lying down for three hours after eating).
- Avoid eating no later than three hours before bedtime.
- Drinking fluids between meals to reduce abdominal distention and discomfort.
- Increasing fiber in the diet.
- Wearing loose-fitting clothing.
- Raising the head of the bed when sleeping (generally 6-9 inches).
- Exercise or physical activity for at least 30 minutes per day for most days of the week.

In general, a trial of limiting or eliminating foods is considered to reduce the symptoms of GERD. The trial should be conducted in accordance with the resident's preferences and goals. The trial may include the following foods:

DRINK FLUIDS BETWEEN MEALS

to reduce
abdominal
distention and
discomfort.

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REFERENCES

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- *The American Gastroenterological Association Gastroesophageal Reflux Disease (GERD) Guidelines,* <http://www.gastro.org/guidelines>
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- Peppermint and spearmint
- Chocolate
- Alcohol
- Caffeinated beverages (regular tea, coffee, colas, energy drinks, other caffeinated soft drinks)
- Decaffeinated coffee and decaffeinated regular tea, herbal teas except for those with peppermint or spearmint are allowed
- Pepper
- High-fat foods including:
 - > Reduced-fat (2 percent) milk, whole milk, cream, high-fat cheeses, high-fat yogurt, chocolate milk, cocoa
 - > Fried meats, bacon, sausage, pepperoni, salami, bologna, frankfurters/hot dogs
 - > Other fried foods (doughnuts, French toast, French fries, deep-fried vegetables)
 - > Nuts and nut butters
 - > Pastries and other high-fat desserts
 - > More than 8 teaspoons of oil, butter, shortening per day
 - > Any fruits or vegetables that cause symptoms (varies in each individual)

The American Gastroenterological Association published the following recommendations for the management of GERD specific to nutrition.

- Weight loss is recommended for GERD patients who are overweight or have had recent weight gain.

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REDUCE INTAKE OF CHOCOLATE

and caffeinated beverages, such as tea, coffee, colas, energy drinks, etc.

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- Head of bed elevation and avoidance of meals 2-3 hours before bedtime should be recommended for patients with nocturnal GERD.
- Routine global elimination of food that can trigger reflux (including chocolate, caffeine, alcohol, acidic, and/or spicy foods) is not recommended in the treatment of GERD.

Note the emphasis is on the need for providing a diet reflecting the individual needs of the resident, and not a global elimination.

In addition to nutrition, lifestyle interventions are part of therapy for GERD. Counseling is often provided regarding head of bed elevation, tobacco and alcohol cessation, behavior modification to include

stress management and physical activity.

CONCLUSION

Nutrition plays an integral role in effective treatment and management of GERD. In general, treatment for GERD includes lifestyle modification, use of medications and possible surgery. Eighty percent of individuals with GERD are controlled with medications.

Medical nutrition therapy “best practice” is recommended to assist with control of symptoms and to increase the overall intended purpose of pharmacotherapy. Utilization of nutritional risk tools, prompt referrals, nutritional assessments, and individualized intervention do improve quality of life for those experiencing GERD. **E**

CE Questions



NUTRITION CONNECTION

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- Gastroesophageal reflux disease is referred to as:
 - GEARD
 - Upset stomach syndrome
 - GERD
- Gastroesophageal reflux disease is the most common upper gastrointestinal disorder seen in:
 - Older adults
 - Adolescents
 - Lactating mothers
- The root cause of GERD is:
 - The lack of an enzyme in the esophagus
 - A faulty valve between the esophagus and the stomach
 - Consumption of too much milk in the diet
- Factors which may contribute to GERD include:
 - Dementia
 - Pressure injuries
 - Both physical and lifestyle factors
- Symptoms of GERD are:
 - The same for everyone
 - Unique for every individual
 - Never the same
- In general, a trial of eliminating particular foods to reduce the symptoms of GERD should only be conducted:
 - In a sterile environment
 - In a research metabolic unit
 - In accordance with the resident's preferences and goals
- The goal of medical nutrition therapy is to assist with:
 - Control of symptoms, and to increase the overall intended use of pharmacotherapy
 - Decreasing the intake of all high-fat foods
 - Healing the lining of the esophagus