Gastroesophageal reflux disease (GERD) is a condition that occurs when stomach contents reflux (back up) into the esophagus (the swallowing tube that connects the mouth to the stomach). The muscle on the bottom of the esophagus works like a valve. It opens up to let food into the stomach and rapidly closes after food reaches the stomach. If the muscles on the bottom of the esophagus do not close properly, stomach acid can reflux into the esophagus and cause a burning sensation in the chest or throat called heartburn.1 Occasional heartburn, also known as acid indigestion, is common in many people and does not necessarily mean that one has GERD. Over 60 million Americans experience acid indigestion at least once a month and some studies have estimated that over 15 million Americans have daily symptoms of acid indigestion.2 Persistent heartburn that occurs more than two times a week may be considered GERD and could eventually lead to more serious health problems.1,2 Although GERD is more common in the elderly, anyone can have GERD, including infants and children.1

The main symptoms of GERD include:1,2

- Heartburn (uncomfortable, rising, burning sensation behind the breastbone)
- Acid regurgitation (bitter or sour-tasting acid on the back of the throat)
- Trouble swallowing (throat tightness and feeling of food stuck in the throat)
- Pain in the chest

Persistent heartburn is the most common symptom of GERD. GERD can also cause a dry cough and bad breath.2 In infants and children, GERD may cause repeated vomiting, coughing, and breathing problems. Most children grow out of it by the time they are one year old.

However, if the problem occurs regularly and causes discomfort, a child should be evaluated by a doctor.1

The American College of Gastroenterology recommends lifestyle changes and nonprescription or over-the-counter (OTC) medicines, such as antacids and acid suppressants (histamine receptor blockers or “H2 blockers” and proton pump inhibitors or “PPIs”), as initial treatment for GERD.1

Lifestyle changes should be continued throughout the duration of GERD therapy and include the following:2

- Avoid food and beverages that make acid indigestion worse, such as coffee, chocolate, peppermint, greasy and spicy foods, tomato products, and alcohol
- Stop smoking since tobacco stimulates acid production and relaxes the muscle between the stomach and the esophagus
- Lose weight, if obese
- Avoid lying down after meals; wait 2 to 3 hours

Antacids are recommended first to temporarily treat heartburn and other symptoms of mild GERD. Most available antacids contain various combinations of calcium, magnesium and aluminum salts that work by neutralizing the acid contents in the stomach. These medicines are available OTC and are the least expensive treatment option.1

Foaming agents (e.g., Gaviscon®) work by coating the contents of the stomach with foam, thereby preventing acid reflux. These OTC agents can be helpful for mild symptoms of heartburn when there is no damage to the esophagus.1
Prescription

H2 blockers, such as cimetidine, famotidine, nizatidine, and ranitidine, provide short-term relief and work by reducing acid production in the stomach. These medicines are an effective first-line treatment in many people with mild-to-moderate GERD symptoms. These medicines are all available as prescription generics and lower strength versions of these medicines are available OTC. The OTC strengths should not be used for more than a few weeks at a time without a doctor’s supervision.

PPIs, such as Prevacid® (lansoprazole) and Protonix® ( pantoprazole), AcipHex® (rabeprazole), Nexium® (esomeprazole), and Prilosec® (omeprazole), are used to treat the symptoms of GERD and GERD-related complications, such as erosive esophagitis (a condition in which stomach acid wears away the lining of the esophagus). PPIs are more effective than H2 blockers as they reduce acid production by blocking acid pumps in the stomach and are effective in controlling the symptoms of GERD.

Now Available OTC

In June 2003, the United States Food and Drug Administration (FDA) approved the first OTC PPI, Prilosec™ OTC (omeprazole), for the treatment of frequent heartburn that occurs two or more times per week. The FDA-approved dose for Prilosec OTC is 20mg once daily for 14 days. However, unlike prescription medicines in this class, Prilosec OTC should not be taken for more than 14 days or more frequently than one 14-day course every four months, unless directed by a doctor.

Note: Drugs listed in bold are available as generics or are on the Caremark Preferred or Primary Drug Lists.

Complications of GERD

Further tests may be needed in those people who:

- Do not respond to initial therapy
- Need continuous therapy to control their GERD symptoms
- Have chronic symptoms at risk for Barrett’s esophagus (a pre-cancerous condition)

GERD that is left untreated over a long period of time can lead to complications such as bleeding, ulcers of the esophagus, or scar tissue that can cause narrowing of the esophagus and makes swallowing difficult. Most individuals do well with medical treatment, although relapse may be common upon discontinuation of these medicines, thereby indicating the need for chronic maintenance therapy.

Caremark Initiatives

Caremark has several programs in place to help ensure appropriate use of these medicines. For example, as part of the Caremark Custom Care Mail and Custom Care Retail Programs, clinical pharmacists work with physicians to optimize dosing, utilization, and length of therapy for participants who are prescribed PPIs and H2 blockers. The use of OTC products are recommended whenever appropriate. The Caremark programs also follow the latest clinical recommendations and can help prevent medicine overuse. Additionally, the Physician Profiling Plus program targets physicians who prescribe H2 blockers and PPIs and offers guideline-referenced medical education for the proper use of these agents in those individuals suffering with GERD.

References: