

GORD: MORE THAN JUST HEARTBURN

Frequently Asked Questions



What is GORD?

GORD stands for gastroesophageal reflux disease. With GORD, stomach contents (food or liquid) leak backwards from the stomach into the oesophagus (the tube from the mouth to the stomach). This action can irritate the oesophagus, causing heartburn and other symptoms.

What are the symptoms?

Common symptoms of GORD include chronic heartburn or burning pain in the chest, and regurgitation. Less common symptoms include chronic cough, sore throat, and hoarse voice.

Who is at risk?

The risk factors for GORD include obesity, hiatal hernia, smoking, pregnancy, scleroderma, and excessive alcohol consumption.^{1,2}

How many people have GORD?

The prevalence of GORD varies over the world for unknown reasons, but genetic differences, difference in the *Helicobacter pylori* prevalence and life style factors like obesity might influence.

The highest population-based prevalence is reported from Europe and US. In Europe GORD affects up to 23.7% of the population.³

How is GORD diagnosed?

Your doctor may be able to diagnose GORD from your description of symptoms, but may also suggest tests to evaluate your condition and determine the best treatment plan.

The three main tests used when GORD is suspected or known are oesophageal pH monitoring, endoscopy, and manometry. With pH monitoring, your doctor measures the amount of acid in your oesophagus over a 24- to 48-hour period. Endoscopy uses a flexible tube with a light and video camera on the end to visualize the oesophagus, and manometry assesses the function necessary for proper swallowing.

Are treatment options available?

GORD can be treated with lifestyle changes, such as avoiding foods that trigger the disease. Prescription and over-the-counter medicines, like proton pump inhibitors, can lower the amount of acid released in your stomach. For patients who do not respond to lifestyle changes and medication, anti-reflux procedures may also be an option.

What happens if GORD goes untreated?

One of the most significant risks of GORD is that it can lead to Barrett's oesophagus, a precancerous disease where composition of the tissue lining the lower oesophagus changes. If untreated, Barrett's oesophagus may progress to oesophageal cancer. Oesophageal cancer may not be curable depending on the stage at diagnosis and, once diagnosed, just 18% of patients live for five or more years.⁴

References:

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4. SEER Cancer Statistics Factsheets: Esophageal Cancer. National Cancer Institute. Bethesda, MD. <<http://seer.cancer.gov/statfacts/html/esoph.html>> Accessed December 2015.

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