

THE GOOD LIFE REPORT

FIRE IN THE BELLY

Those tacos you had with friends last night seemed like such a good idea at the time. Then, right after you finished and licked your fingers, you felt it: a sensation like someone taking a match to paper near the top of your stomach, with flames climbing up behind your breastbone quickly. There's no question that acid reflux is a pain, and America's feeling it. As many as 60 million of us have heartburn at least once a month; 15 million experience it every single day. That's not just uncomfortable—it's unhealthy. When the ouch happens so often, there's a medical diagnosis for it: gastroesophageal reflux disease, a.k.a. GERD. "Heartburn is a symptom, and if it goes on for longer than a few weeks and feels like it's getting worse, a doctor will likely diagnose you with GERD, the underlying disease," says Michael Vaezi, M.D., clinical director of the division of gastroenterology at Vanderbilt University Medical Center. It means that acid is splashing into the esophagus, where it shouldn't be, causing inflammation and damage. (See "What's Really Going On?," page 51.)

If left untreated, GERD can carry

WE'RE NOT TALKING ABOUT THE KIND THAT SPARKS PEOPLE TO CLIMB MOUNTAINS AND START NONPROFITS. HEARTBURN HURTS FOR REAL, AND YOU WANT A FAST FIX. BUT POPPING PILLS DAY AFTER DAY COULD BRING TROUBLE TOO. THERE'S A BETTER WAY.

BY ALICE OGLETHORPE PHOTOGRAPHED BY THE VOORHES



some serious side effects. “Over time, uncontrolled GERD damages the cells lining the esophagus, possibly leading to a condition called Barrett’s esophagus,” says Vaezi. “And even though the risk is low, Barrett’s esophagus could ultimately lead to cancer.”

Eager to ease the pain, many people turn to a group of medications called proton pump inhibitors, or PPIs (which include drugs like Zegerid and Prevacid). “PPIs have been revolutionary in the treatment of acid reflux over the past two decades,” says Tonya Kaltenbach, M.D., an associate professor of clinical medicine at the Univer-

of family medicine at the University of Michigan Medical School. “Unfortunately, there are risks to being on PPIs long-term.”

People who blow off the directions on the package and use the drugs chronically might not absorb certain nutrients, because food isn’t broken down as well, Clarke says. These include magnesium, calcium, and vitamin B12; being low in them can lead to heart trouble, osteoporosis, and even memory loss. Prolonged use may also raise your risk of getting food poisoning; research on a potential link to kidney disease is ongoing. “We just don’t

How to Turn Off the Burn

Yes, you can manage GERD on your best days...and all the others, too.

SHED SOME WEIGHT

Ideal → Get in your healthy range. Extra pounds are the biggest culprit behind GERD. “They put added pressure on your abdomen, which squeezes acid up into the esophagus,” says Kaltenbach. But even a 5% to 10% drop in weight can be enough to dim GERD symptoms.

Next Best Thing → Beware snug clothing. It’s known as “tight pants syndrome,” and it’s a real thing. A too-small waistband can dial up abdominal pressure after a big meal. “Your stomach can’t expand the way it wants to,” says Felice Schnoll-Sussman, M.D., director of the Jay Monahan Center for Gastrointestinal Health in New York. Go for comfort. (Permission to wear yoga pants hereby granted.)

HAVE DINNER EARLIER

Ideal → Stop eating at least three hours before bed. “When you’re full of food and then lie flat, your esophagus becomes level with the fluid in your stomach, so the acid rolls right on up,” says Patricia Raymond, M.D., an associate professor of clinical internal medicine at Eastern Virginia Medical School. This explains why you have a seven times higher risk of acid reflux if you eat within three hours of going to sleep. “You want the food and the acid produced by eating to be way downstream.” This is exactly what Kelly Soisson, 49, of Beacon Falls, CT, learned. “If I eat too late, I wake up in the middle of the night with awful heartburn,” she says. “I stopped eating past 7 P.M., and now I stay asleep all night.”

Next Best Thing → Minimize your evening meal. The smaller your servings, the faster your stomach digests



DR. OZ ILLUSTRATION BY KATHRYN RATHKE

them and sends them on their way. If you know you need to eat closer to bedtime, plan ahead and have your major meal at lunch. Late dinner out? Order an appetizer instead of an entrée. And always eat to satisfaction, not unbutton-your-jeans discomfort.

AX UNFRIENDLY FOODS

Ideal → Pinpoint what turns your system grumpy. “Certain foods can

make the pain of acid reflux worse,” says Raymond. (See “Prime Offenders,” page 50.) “Your esophagus is raw from the reflux, so acidic foods like tomatoes and citrus, as well as garlic, mint, and hot spices, can actually burn it more as they go down.” One surefire way to avoid this is to do an elimination diet, where you stop eating all those troublemakers, then reintroduce them one at a time until you ID the offender. Just don’t eliminate flavor: Try roasting



DR. OZ SAYS...
I never had reflux until I spent two weeks with friends, drinking wine and coffee every day. As soon as I returned to my routine (a few glasses of wine a week; a rare cup of coffee), it disappeared. Lifestyle sure beats a daily pill.

The Best Way to Take Meds

If habit changes don’t totally solve heartburn, reach for an antacid like Tums or Rolaids. Or try another category of meds, called H2 blockers (like Pepcid AC), which take more time to kick in but also work for longer. Could you pop a PPI for sporadic burn? It’s tricky. You have to swallow it before you even *think* about eating—the moment you anticipate food, your stomach pumps out acid, and you’ve missed the chance to block it.

But when heartburn hits daily, you may need a course of PPIs. These give burns in your esophagus time to heal without having more acid splashing up, says Schnoll-Sussman. When you stop them, lifestyle changes may keep the ache away.

If you need to be on PPIs long-term (people with gastric ulcers might), the benefits outweigh the risks. Just be watchful of side effects. Get vitamin and mineral levels plus kidney function checked once a year, says Clarke, and stay up-to-date on bone density screenings.

DOUBLE OUCH!

Some research shows that women’s GERD symptoms are more severe than men’s.

sity of California, San Francisco. They’re used in massive numbers and work incredibly well—so well, in fact, that some people never go off them.

That might create trouble of a different sort, according to a growing body of research. Manufacturers of PPIs recommend taking the OTC versions for two weeks only, and prescription meds for no more than two months. “If you take them for a few weeks to calm down symptoms, the drugs are really safe,” says John Clarke, M.D., a clinical associate professor at Stanford University and director of its esophageal program.

But let’s face it: If your beloved morning cappuccinos give you heartburn and there’s a pill that makes the pain go away, you might just keep using it. “You’re essentially getting away with not changing your lifestyle at all,” says Joel Heidelbaugh, M.D., a clinical professor

know what happens in the body with extended PPI use, so it’s a cause for concern,” Clarke says.

What docs are certain of right now: Too many people are taking PPIs for too long. “PPIs tend to be overused—especially because they’re often started for vague GI symptoms that may not be clearly associated with acid reflux in the first place,” says Clarke. “Also, many people do well by changing their habits and taking medicine only when needed.”

How do you do that? We gathered docs’ top tips for preventing the burn—and also got them to cough up “good enough” solutions for those moments when you just can’t follow the best advice, thanks to busy schedules, birthday dinners, and whatever else is going on in your life. So try the following tweaks first, then ask your doc about a PPI if you feel as if your body’s still harboring flames.

veggies with a sprinkling of thyme, oregano, tarragon, or turmeric; or scatter basil and dill on your salad.

Next Best Thing → Keep a closer eye on what you eat. If you don't want to try an elimination diet—and we don't blame you—start a food log. (It can be shorthand.) Note what you had and when you experienced pain, and see if there's an obvious connection. "Then pick one thing to take out of your diet and see if that makes a difference," says Kaltenbach. No improvement? Go on to the next food. "This process is so much less overwhelming than removing everything at once," she says.

Prime Offenders

Alcohol • Caffeine • Chocolate • Citrus • Fried or high-fat food • Garlic • Mint • Onion • Spicy food • Tomato sauce

WATCH WHAT YOU SIP

Ideal → Avoid coffee and wine. The acid in java irritates your already-injured esophagus, says Schnoll-Sussman, and both caffeine and alcohol relax the sphincter muscle at the bottom of it, letting more acid splash up. "I've had reflux since I was a teenager, but I got it under control by taking out some foods I reacted to," says Lisa Stasiulewicz, 35,

of Seattle. "Over the last few years, I started having a glass or two of wine at night, and the reflux came back. I decided not to drink during the week, when I have to be in bed earlier, and voilà, it went away again."

Next Best Thing → Switch your order. At the coffee shop, go with half-caf or decaf and choose a dark roast: Roasting generates a compound that may actually block acid production, and dark may have twice as much of it as light roasts do. Another option: an espresso drink. One shot of espresso has only two-thirds as much caffeine as a cup of brewed coffee. When you have wine, choose white, which seems to provoke fewer symptoms. Once your esophagus heals and you make other healthy changes, try some favorites again. You could be fine.

KEEP DIGESTION MOVING

Ideal → Go light on fat. It takes your stomach longer to digest a fatty meal, so stomach acid churns and splashes for more time. "While healthier unsaturated fats are better for you in general, when it comes to reflux, both types have the same effect," says Vaezi.

Next Best Thing → Pop a piece of gum. Studies show that chewing sugar-free gum for a half hour after a high-fat meal reduces acid reflux. "The gum boosts saliva flow, which washes acid downstream and encourages the emptying of your stomach," says Raymond. Just don't pick a mint flavor, since that can relax the valve and let acid back up.

SQUASH STRESS EARLY

Ideal → Don't let tension build to stomach-churning levels. "It's not that stress triggers more acid in the stomach," says Schnoll-Sussman. "It's that stress makes the pain receptors in your esophagus more active. So every drop of acid that touches it hurts more. Plus, when you're tense, you tend to contract your ab muscles, which can add pressure to your stomach." Exercise is your best

stress controller. Aim for 150 minutes a week to increase endorphins, which boost mood and reduce pain.

Next Best Thing → Take deep breaths—inhale slowly and fully and imagine the air filling your belly instead of your lungs. Exhale by contracting your stomach muscles. "Breathing exercises can strengthen the diaphragm—a muscle that surrounds the lower esophagus—and relieve mild symptoms of acid reflux," says Schnoll-Sussman.

REST THE RIGHT WAY

Ideal → Sleep on an angle. Snoozing on a wedge pillow raises your torso so gravity helps keep acid where it should be. Wedges are a little pricey—about \$100—but you can't just pile up your normal pillows under your head and neck instead. "You'll end up crimping yourself in the middle, which puts more pressure on your stomach," says Raymond. A wedge was crucial for Ellen Miller, 34, of Austin, Texas. "Reflux was causing a chronic cough, and sleeping on that pillow helped me most," she says. "It was annoying at first, but I got used to it—now I feel so much better!"

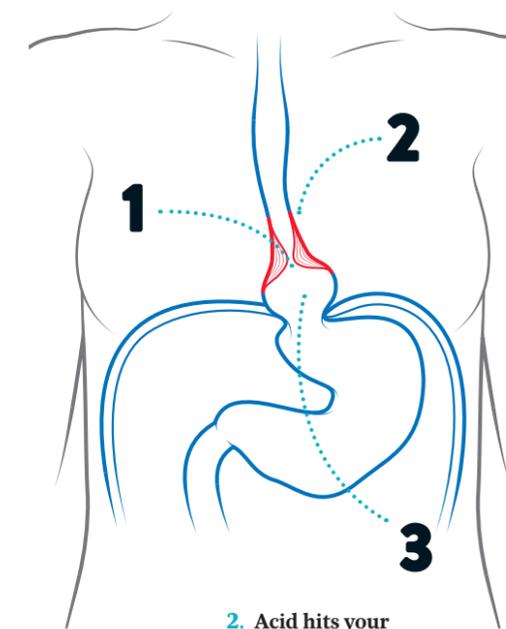
Next Best Thing → Prop up the head of your bed on six-inch-high blocks. "That gives your bed a 30-degree elevation, and does the same thing as the wedge pillow," says Kaltenbach. The noticeable slant takes some time to adjust to, but don't worry, you won't slide right off your mattress. Also, roll over onto your left side—that position's been shown to reduce reflux. So simple, and the reward is solid sleep, with no pills needed in the morning.

SNEAKY SIGNS OF GERD

ILLUSTRATION BY BROWN BIRD DESIGN

While GERD is often identified by chronic heartburn, you can have this potentially dangerous disease without any burning sensation at all. "You might notice regurgitation, which is when food comes back up a little, or hoarseness, a chronic cough, a sore throat—those are all symptoms of GERD," says Vaezi. If you have two or more of them, see your physician. She can recommend a treatment plan and rule out other causes of these issues, like asthma or postnasal drip. One other alarming symptom? Chest pain. "It can feel similar to a heart attack—in the left side of your chest, radiating out to your neck and left arm," says Vaezi. If you feel this, though, don't just assume it's GERD—head to the ER and get checked out. ■

WHAT'S REALLY GOING ON?



1. A key troublemaker behind GERD is this valve, called the lower esophageal sphincter. Normally, it only opens when you swallow, so food can get into your stomach. But with GERD, it can relax or wink open even if you aren't swallowing, letting acid splash up.

2. Acid hits your esophagus, eating away at its delicate lining (the stomach has a protective layer, so acid doesn't irritate there), ultimately leading to an open wound. As acid sneaks up, that wound hurts more and more, as if you were pouring hot sauce on a cut.

3. This bulge is actually part of the stomach. Carrying extra weight can push a bit of it above the diaphragm. It's called a hiatal hernia, and it can prevent the lower esophageal sphincter from closing properly and keeping acid in its place.

How to Ease Off the Pills

One of the reasons so many people can't break their PPI habit? Going off them is a pain. "When you take a PPI for as little as eight weeks and then stop abruptly, you can trigger heartburn—it's called an acid rebound phenomenon," says Clarke. It can take weeks for levels of acid to get back to normal. So what should you do? Go gradual. "Taper off the PPI by taking it every other day for a week, then every third day for a week, then stopping the pill completely," says Raymond.

Never say never. Making real changes in your weight and meals could let you bring some uh-oh foods back.

