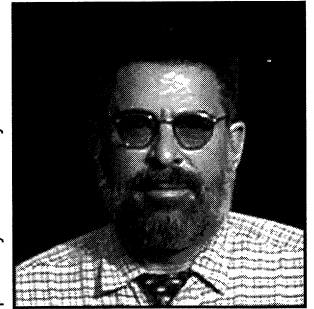


# Bears & Health

## GRRRR? No, GERD!

photo by Joel Bradley



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***This will be the last regular column by Dr. Mass. He is taking a leave of absence. I'm sure our readers will miss his clever and astute advice. We want to thank him for being a part of our publication.***

At the Northeast Nudist Society reception at the last of the summer's three bear weekends at Hillside Campgrounds in the aptly designated Endless Mountains of Pennsylvania's Susquehanna region, I chatted with a New England bear who identified himself as a reader of this column. "Anything I haven't, uh, covered?" I quipped at the all nude gathering. "Yes," he said, "GRRR!" "GRRR back at ya!" I laughed. "No," he chuckled, "not GRRR, G...E...R...D!" Oh, GERD (Gastro Esophageal Reflux Disease). Why, do you have it?" I asked. "Yes," he said, and so do other bears he knows.

GERD is in fact common enough and becoming moreso in the general population, which, as everyone knows from national news bites, is in the midst of what's being called "an epidemic of fat." Most folks have at least heard of GERD since they mention it in some of the those prime-time commercials for Nexium and Prilosec that coincidentally accompany the epidemic-of-fat stories.

Although not limited to overeaters and the overweight, it makes sense that they are the ones most likely to have it, since increased intra-abdominal pressure, most often from fat, is a principal cause of the disorder. What happens in GERD is that there is a reflux or backup of stomach contents into the esophagus. The damage and discomfort that result can take several forms. Because

these contents contain stomach acid they tend to erode the esophagus causing esophagitis and/or gastritis (inflammations of the esophagus and stomach) resulting in the pain we commonly refer to as heartburn. In fact, more than half of those with GERD develop esophagitis which is divided into 4 grades, the first being mild irritation, the last being what's known as Barrett's esophagus, where the damage is considerable and the risk of cancer of the esophagus is heightened.

The most common symptom of GERD is heartburn. Often, there is a more subtle mid-chest-upper-stomach discomfort that occurs after eating, when bending over or lying down. Sometimes there is dysphagia – difficulty and discomfort swallowing. Finally, there is the regurgitation or reflux that takes place during sleep, often resulting in abrupt awakening with coughing, wheezing hoarseness and a sour taste in the mouth.

The diagnosis of GERD is made with radiographic and direct endoscopy studies. Treatment recommendations always start with the preventive: lose weight and avoid overeating. Easy enough to say, I suppose, but all of us can try one thing that at least at first doesn't necessarily mean depriving ourselves: try eating smaller meals, which you can at first do by promising yourself that you can still have as much as you want, only make the smaller portions for each ingestion (a word that sounds medical but which I believe I just invented) a priority. Another important preventive is to avoid alcohol and acidic foods such as citrus juice. It will also help if you can allow 3 hours to pass from your last meal to going to

bed, where you should sleep at least half-way propped up (at a 45 degree angle) with pillows. A number of medications can help alleviate symptoms. These include such common brand names as *Prilosec, Nexium, Zantac, Tagamet, Pepcid, Prevacid, Axid* and *Aciphex*.

Because the symptoms of GERD can overlap with those of other diseases, such as heart disease and DU (duodenal ulcer, for which most of the above-named medications will also help), symptoms should NOT just be self-treated with over-the-counter drugs. In the case of duodenal ulcer, for example, we now know that it's most often caused by certain bacteria that can be treated with certain antibiotics, but that's an evaluation that needs to be done medically. The over-the-counter drugs will alleviate the symptoms of DU, but won't treat the underlying cause.

A related condition is hiatus hernia, which is a most often a cause of GERD. Here, the stomach herniates into – that is, pushes through – the opening in the diaphragm where the esophagus passes into the stomach, up into the chest cavity resulting in the chest discomfort we mentioned earlier. In fact, in most cases of GERD, HH (hiatus hernia) is also present. If symptoms of HH are severe, preventive measures and medications may be inadequate. In some cases, surgery is necessary. Options can vary from the relatively simple – fundal plication – to more radical procedures. So next time you hear GRRR! listen up.