

Acid Reflux/GORD Information Sheet

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<http://www.ulcerativecolitis.org.uk/information sheets>

What is Acid Reflux?

Acid reflux – or heart burn happens when acid from the stomach enters the oesophagus – the bit that connects the mouth to the stomach. This can cause a burning sensation – and in the long term can cause oesophagitis -damage the oesophagus. Persistent reflux is known as Gastro-oesophageal reflux disease (GORD). Acid reflux does not necessarily result in pain – and you may experience other symptoms such as a persistent sore throat/tickly cough.

What Causes Acid Reflux?

Acid reflux can be caused by either excess stomach acid – or by damage to the valve that separates the stomach from the oesophagus. A medical condition called a hiatus hernia where the top of the stomach is within the diaphragm can also cause/worsen acid reflux.

In Ulcerative Colitis acid reflux is often experienced during steroid taper/reduction. This is possibly caused by the adrenal glands re-starting steroid production – a process which is strongly linked to the chemical pathway that creates stomach acid. It may also be due to inflammation of the oesophagus which was hidden by the steroids.

What is the treatment?

There are a number of remedies for acid reflux which work in different ways. Their suitability for treating reflux combined with Ulcerative Colitis varies.

Medication Type	Examples	Notes
Antacid	Rennie	This medication physically reacts with the stomach acid to neutralise the acid. It provides short term relief. It is not particularly suited to reflux combined with Colitis – as it can make the small intestine alkaline which will cause the early release of ASACOL/Mesalazine MR.
Barrier/Alginates	Gaviscon liquid	This type of medication sits on top of the stomach acid – and stops it entering the oesophagus. It has no significant side effects and does not enter the blood stream. This should be the first line of treatment – and it should be taken after each meal and before bed to be most effective. This is also available in liquid sachets that can be easily carried in a bag.
Proton Pump Inhibitors	Omeprazole Lansoprazole (Zoton)	Proton pump inhibitors block the enzyme that creates stomach acid. They are a highly effective treatment – and are in most cases the second line of treatment if barriers/alginates fail to reduce symptoms. Though they are thought to be safe there is little information on long term side effects. PPIs do not stop acid entering the

In general alginates are the best first line treatment. To be most effective they need to be taken after each meal and before bed – not just when symptoms are experienced. The use of PPIs such as Omeprazole should be under the supervision of your GP. If acid reflux persists then you may need to be referred to a consultant.