

HEALTH & SAFETY: ASPIRATION PREVENTION

“Management of Gastroesophageal Reflux Disease (GERD)”

BQIS/Outreach Fact Sheets provide a general overview on topics important to supporting an individual's health and safety and to improving their quality of life. This document provides general information on the topic and is not intended to replace team assessment, decision making or medical advice. This is the sixth of ten Fact Sheets regarding Aspiration Prevention.

Objectives

Readers will gain an understanding of the cause of Gastroesophageal Reflux Disease (GERD), available interventions, and the connection between GERD and the risk of aspiration and aspiration pneumonia.

Definitions

Gastroesophageal Reflux Disease (GERD): Acidic stomach contents “back up” into the esophagus or mouth.

Lower Esophageal Sphincter: The ring of muscular tissue at the junction of the stomach and the esophagus that relaxes and contracts thus allowing food to pass into and stay in the stomach.

Lower Esophageal Sphincter Incompetence: An incompetent lower esophageal sphincter relaxes at inappropriate times, allowing acidic stomach contents to escape into the esophagus, or lacks sufficient strength to keep contents in the stomach.

Hiatal Hernia: “Hiatal” means “opening. “Hernia” means bulge or protrusion of an organ through the structure or muscle that usually contains it. A hiatal hernia occurs at the opening of the diaphragm where the esophagus meets the stomach. If the muscles that surround the diaphragm opening become weak or damaged, the upper portion of the stomach protrudes through the diaphragm opening.

Facts

- People at heightened risk of developing GERD are those who:
 - Have a Hiatal Hernia (A hiatal hernia prevents the diaphragm muscles from supporting the lower esophageal sphincter. The sphincter becomes incompetent, and GERD occurs.)
 - Have Lower Esophageal Sphincter Incompetence.

- Have skeletal deformities.
- Smoke, drink coffee, caffeinated beverages or alcohol.
- Have delayed stomach emptying.
- Eat high fat diets.
- Are overweight.
- Take medications that relax muscles.
- Have seizure disorders and/or take medication that affects muscle tone.
- Have constipation.
- GERD Signs and Symptoms:
 - Hoarseness
 - Heartburn (most common)
 - Drooling
 - Coughing
 - Hand in mouth behaviors
 - Repeated swallowing
 - Frequent respiratory problems (i.e., coughing, wheezing, asthma, bronchitis, pneumonia)
 - PICA
 - “Sour” smelling or “Formula” burps
- Complications of GERD:
 - Esophagitis that can lead to ulcers and upper gastrointestinal bleeding
 - Strictures and ulcerations
 - Barrett’s esophagus that can lead to Cancer
 - Aspiration that can lead to Pneumonia
 - Death
- Diagnosing GERD:
 - History of symptoms, including any family history
 - Trial on a Proton Pump Inhibitor (PPI) under the care and review by a physician
 - Re-evaluate for change in symptoms
- GERD Related Tests:
 - The physician may order one or more tests to confirm the diagnosis of GERD and/or determine any complications resulting from GERD.
- Some Common Medications used to treat GERD:
 - Proton Pump Inhibitor (PPI): A medication that reduces the amount of acid produced by the cells in the stomach. Examples: Prilosec (omeparazole), Nexium, protonix
 - Histamine Antagonists: Medication that decrease production of stomach acid. Examples: Zantac, Tagamet, Pepcid
 - Antacids: Substances that neutralize stomach acids. Examples: Tums, Mylanta

Recommended Actions and Prevention Strategies

1. Administer Medications as prescribed as well as a PRN antacid for breakthrough symptoms.
2. Assist person to achieve good positioning:
 - Elevation – from top of head to at least hips, if not able to be totally upright.
 - Supported so not curving sideways or slumping forward.
 - Elevated right sidelying or prone positioning may assist with stomach emptying and decrease reflux. Implement only with the recommendation and guidance of a licensed therapist.
3. Encourage person to eat slowly.
4. Encourage thorough chewing.
5. Provide frequent small meals.
6. Encourage meals to be eaten 2-3 hours before lying down.
7. Encourage and assist person to maintain desirable body weight.
8. Provide and encourage quality nutrition.

Learning Assessment

Questions that can be used to verify a person's competency in the material contained in this Fact Sheet:

1. True or False: The trial of a Proton Pump Inhibitor (PPI) may be useful in diagnosing GERD.
2. True or False: A Proton Pump Inhibitor helps decrease the amount of acid produced by the cells in the stomach.
3. Complications of GERD include:
 - A. Weight Loss
 - B. Pneumonia
 - C. Contractures
 - D. Skin Breakdown
4. Common Signs associated with GERD include:
 - A. Mouthing behaviors
 - B. Excessive drooling
 - C. Repeated Swallowing
 - D. All of the Above
5. Methods to help prevent GERD include:
 - A. Eating Fast
 - B. Swallowing without chewing
 - C. Good positioning
 - D. Eating while laying down

References

The American College of Gastroenterology. www.acg.gi.org

International Foundation for Functional Gastrointestinal Disorders (IFFGD). www.aboutgerd.org

Pediatric / Adolescent Gastroesophageal Reflux Association (PAGER). www.reflux.org

Related Resources

Aspiration Prevention Series Fact Sheets: “Food Texture and Fluid Consistency Modification”, “Management of Constipation”, “Management of Oral Health”, “Dysphagia”, “Modified Barium Swallow Study/ Videofluoroscopy”, “Positioning”, “Management of Residuals”, “Feeding Tubes and Feeding/Medication Administration Options”, and “Choice Considerations Relevant to the Use of Enteral Nutrition”

“General Description of Diet Textures” Handout

Learning Assessment Answers

1. True
2. True
3. B
4. D
5. C

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