

Joydens Wood Pharmacy

2 Birchwood Parade, Wilmington, Kent, DA2 7NJ

Tel & Fax: 01322 522711

Email: joydenswoodpharmacy@aah-n3.co.uk

Opening Times

Monday 9am - 6.30pm
Tuesday 9am - 6.30pm
Wednesday 9am - 6.30pm
Thursday 9am - 6.30pm
Friday 9am - 6.30pm
Saturday 9am - 4.30pm
Closed for Lunch 1pm - 2pm

Your FREE Healthy Living Leaflet for July 2017

HEARTBURN

1. What does GORD stand for?
2. What causes it?
3. What are the main symptoms?
4. Who is most at risk?
5. What are the main treatments?
6. What self help-measures can you do?
7. What are the main types of OTC medicines?
8. When should you see the doctor?
9. What are the possible serious complications of GORD?
10. When might surgery be recommended?



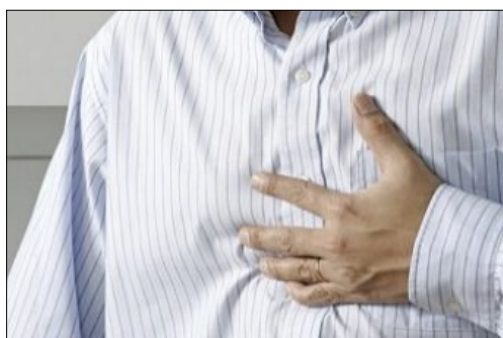
Answers on the bottom of page two

Holiday Time Excesses

As summer holiday time approaches you may well be planning a trip away from home, which will probably involve more food and drink than you would normally consume. Now this may not affect you at all but on the other hand if you suffer from GORD (gastro-oesophageal reflux disease) or heartburn this could make your holiday less enjoyable.

GORD is a common condition and happens when the ring of muscle at the bottom of your oesophagus becomes weakened. It is not

known why exactly this happens but genetics may play a part.



The main

symptoms of GORD are:

- Heartburn – an uncomfortable burning sensation in your chest that often happens after you have eaten.
- Acid reflux where your stomach acid comes back into your mouth and causes an unpleasant, sour taste.
- Oesophagitis – a sore inflamed oesophagus
- Bad breath
- Bloating and belching
- Feeling or being sick
- Pain when swallowing and/or difficulty swallowing.

Who is most at risk?

The following factors may increase your risk of developing GORD:

- Being overweight or obese as this increases the pressure on your stomach and weakens the muscles at the bottom of your oesophagus
- Eating large amounts of fatty foods

P.T.O



because it takes your stomach longer to get rid of its acid and it may leak up into the oesophagus

- Smoking, alcohol, coffee or chocolate may relax the muscles at the bottom of your oesophagus

- Being pregnant, when the temporary changes in hormone levels or increased pressure on your stomach can cause GORD
- Having a hiatus hernia which is when part of your stomach pushes up through your diaphragm
- Having gastroparesis which is when your stomach takes longer to get rid of stomach acid so the excess can leak into the oesophagus
- Certain medicines
- Stress

What are the main treatments?

The main treatments for GORD are firstly self-help measures which include eating smaller but more frequent meals, avoiding any foods or drinks that you know trigger your symptoms, raising the head of your bed and maintaining a healthy weight.

If this doesn't work you can try some over the counter remedies from us like antacids or an alginate but if you still have problems, then you can get stronger remedies like proton pump inhibitors (PPIs) or H2-receptor agonists (H2RAs) from your GP.

You may only need to take these medicines when you have symptoms, although long term treatment may be needed if you are still suffering symptoms. If the medication still doesn't solve the issue or you don't want to be on long term treatment, then surgery may be performed to stop your stomach acid leaking

into your oesophagus.

When should you see your GP?

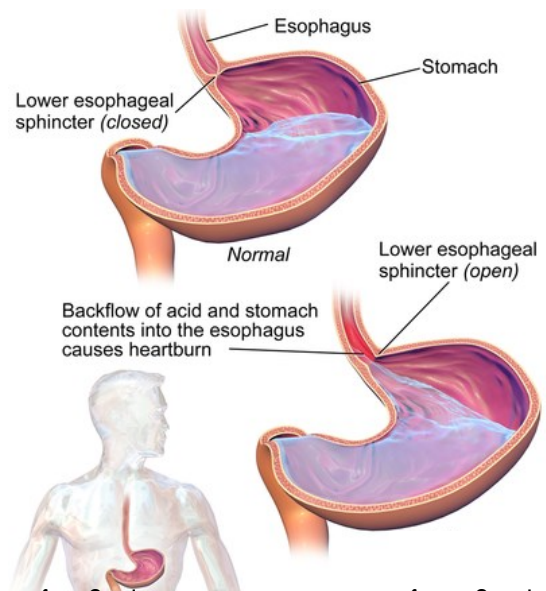
You should visit your GP if you are worried about your symptoms or if:

- You have symptoms several times a week
- OTC medicines are not helping
- Your symptoms are severe
- You have difficulty swallowing
- You have possible signs of a more serious problem such as persistent vomiting, vomiting blood or unexplained weight loss.

Your GP will usually be able to diagnose GORD based on your symptoms, although there may refer you for some tests.

There are a number of possible complications that can occur as a result of having GORD for a long time. These include oesophageal ulcers caused by the acid damaging the lining of the oesophagus, scarred and narrowed oesophagus, Barrett's oesophagus where the acid has led to changes in the cells in the lining of your lower oesophagus and oesophageal cancer.

If you or any of your family have any of these symptoms or would like more information, please call in for a chat with our pharmacist.



1. Gastro-oesophageal reflux disease, 2. The ring of muscle at the bottom of your oesophagus becoming weaker, 3. Heartburn and reflux, 4. People who are overweight, eat a lot of fatty foods, smoke, pregnancy, certain medicines, having a hiatus hernia or gastroparesis, stress, 5. Self-help measures, over the counter (OTC) medicines or stronger prescription medicines, 6. Eating smaller meals, avoiding trigger food and drinks, raising the head of your bed, and keeping to a healthy weight, 7. Antacids, alginates, low dose proton pump inhibitors and H2-receptor antagonists (H2RAs), 8. If you have symptoms several times a week, medicines aren't helping, your symptoms are severe, you have difficulty swallowing or signs of a more serious problem. 9. Oesophageal ulcers, scarred and narrow oesophagus, Barrett's oesophagus, oesophageal cancer, 10. Surgery may be suggested to stop your stomach acid leaking into your oesophagus if your medication isn't helping or you don't want to take medication on a long term basis.