

## Clinical Allergy Tips

Edited by Rodrigo Rodrigues Alves, MD

**From the Editor:** *Gastro-esophageal reflux disease (GERD) is a frequent entity and constitutes the third most common cause of chronic cough; consequently, all allergists should know how to properly diagnose and treat GERD. In this Clinical Allergy Tip Dr. Mandel Sher provides important suggestions on how to improve compliance for lifestyle and diet therapy in the treatment of GERD.*



### Improving compliance for lifestyle and diet therapy in the treatment of GERD

By Mandel Sher, MD  
19 January 2012

Gastro-esophageal reflux disease (GERD) has been implicated as a contributory factor for respiratory illness including asthma, sinusitis, vasomotor rhinitis, cough and throat clearing. GERD causes extra esophageal manifestations even when “silent”, that is, without typical gastro-esophageal symptoms. The mechanisms of GERD affecting the respiratory tract are not well understood. While direct respiratory mucosal contact with acidic reflux contents occurs, there appear to be other mechanisms of how GERD mediates airway inflammation and irritation. The recent observation that non-acidic reflux can activate chronic cough suggests that lower esophageal stimulation can stimulate neurogenic reflexes causing cough and other respiratory vasomotor irritability. Therefore, a dysfunctional lower esophageal sphincter (LES) appears to play a significant role in facilitating acidic and non-acidic reflux.

While the treatment of GERD includes medications (primarily proton pump inhibitors) and lifestyle/diet therapy, the latter is commonly ignored or under-emphasized in clinical practice. Rationale for these phenomena includes conflicting study results and variable patient compliance of lifestyle and diet therapy (which may contribute to the negative study results). Alcohol, caffeine, carbonated drinks, chocolate, mints, fatty and spicy food all can lower the LES but are considered part of life’s pleasures. Add that to being told to lose weight, quit smoking, and not to eat before bed or exercise (all lowering the LES), lessens the chance of compliance to such a regimen.

Personal clinical experience suggests that lifestyle and diet alteration does reduce the esophageal and extra-esophageal manifestations of GERD. Compliance is greatly enhanced by several factors. First, explain the

rationale of lifestyle and diet therapy including reviewing the LES and its role in GERD and the “reflux leading to neurogenic reflex” connection. Second, review the specifics of lifestyle changes and diet avoidance including written materials. Third, discuss that if these

changes work, that in the future, they may modified according to esophageal and respiratory symptoms. Fourth, and probably the most effective, on every follow-up visit review the GERD lifestyle and diet protocol with a checklist approach (see example below).

*Example:*

<b>GERD PROTOCOL</b>	<b>YES</b>	<b>NO</b>
<b>Are you ingesting?</b>		
Alcohol		
Caffeine		
Carbonated beverages		
Chocolate		
Mints		
Fatty foods		
Spicy foods		
Citrus foods		
<b>Do you?</b>		
Eat prior to bed		
Eat prior to exercise		
Smoke		