

Understanding Acid Reflux and GERD

Transcript

[0:00 Meet Marilyn]

Dr. Anthony Levinson: Meet Marilyn. She's 65, and lately she's been experiencing a burning sensation in her chest after eating. Thinking it's heartburn, she takes antacids to manage her symptoms. More recently, her symptoms are causing her to wake in the night, and she is not feeling well-rested, and it's starting to impact her day-to-day life.

[0:31 What is acid reflux?]

Dr. Anthony Levinson: Hello, I'm Dr. Anthony Levinson from McMaster University. Marilyn's story is not unusual. While experiencing heartburn now and then is common, it's estimated that about 20% of older adults have chronic acid reflux or gastro-esophageal reflux disease, also known as GERD.

So, what is acid reflux? When you eat, food passes from your mouth through a tube called the esophagus and into your stomach. Once food is in the stomach, a small valve, called the lower esophageal sphincter prevents stomach acid from moving backward. If this muscle doesn't close well, or opens at the wrong times, food and stomach acid can go back up into your esophagus. This is called acid reflux. It can cause a burning sensation behind your breastbone or in the middle of your chest, commonly referred to as heartburn. It can result in a sour taste in the mouth. It often happens after eating or when lying down.

If symptoms occur more than twice a week, or start affecting your daily life, you may have developed GERD. Other typical symptoms include regurgitation (bringing food back up) and excess saliva.

[1:56 How to improve your symptoms]

Dr. Anthony Levinson: The good news is that GERD is often manageable with some simple lifestyle changes:

- **Watch for triggers** – Keep track of which foods or drinks cause your heartburn and try to avoid them. Common culprits include:
 - fatty or fried foods
 - spicy foods
 - garlic and onions
 - citrus fruits

- chocolate
 - peppermint
 - coffee and other caffeinated drinks
 - alcohol, and
 - tomato-based foods like pizza or pasta sauce.
- Everyone's triggers are different.
 - **Eat smaller meals and avoid lying down for 2–3 hours after eating** – This helps reduce pressure in your stomach.
 - **Quit smoking** – Smoking weakens the valve between your stomach and esophagus and reduces saliva, making acid reflux worse.
 - **Lose extra weight** – Even a modest weight loss can reduce pressure on your stomach and improve symptoms.
 - **Avoid tight clothing or belts** that put pressure on your midsection.
 - **Raise the head of your bed** by 15-20 cm (6–8 inches) using blocks or a wedge pillow to help prevent nighttime symptoms.

Treatment for GERD usually follows a step-by-step approach. If lifestyle changes aren't enough, the next steps are occasional over-the-counter antacids, then longer-acting acid-lowering medicines if symptoms persist.

[03:26 When to see a healthcare provider]

Dr. Anthony Levinson: Speak with a healthcare provider such as your family doctor, pharmacist or nurse practitioner if:

- You have heartburn twice a week or more.
- Symptoms don't improve after 2–4 weeks of treatment.
- You have trouble swallowing, pain when swallowing, or feel like food gets stuck behind the breastbone.
- You have unexplained weight loss, frequent nausea, persistent vomiting, or blood in your vomit.
- You have black, tarry stools or red blood in your stool.
- You're over 60 with new symptoms, a history of Barrett's esophagus, or a family history of esophageal cancer.

Seek urgent care if symptoms are severe.

[04:12 Back to Marilyn]

Dr. Anthony Levinson: Marilyn discussed her symptoms with her healthcare provider. She made some lifestyle changes—avoiding trigger foods, eating smaller meals, and losing weight. She tried a short course of medication, a proton pump inhibitor, and tapered off with her healthcare provider’s help. Now, she rarely experiences heartburn, sleeps well, and manages her symptoms with occasional antacids.

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