



Health & Wellness

What is GERD? Here's your complete guide

If heartburn is a regular hassle for you, it might be gastroesophageal reflux disease. Learn about the symptoms and causes of GERD—and science-backed treatments for managing it.

By Barbara Brody



You're tucked into bed, all set to drift off, when it hits: the flare of indigestion in your chest. For many people, occasional heartburn is easily remedied by popping an antacid. For others, the fiery feeling is a more frequent occurrence—and chalky chewable pills do little to quell it.

If you're in that latter group, you may be dealing with gastroesophageal reflux disease (GERD). The condition is common, affecting an estimated [20% of U.S. adults](#). Take heart if you're among the many people suffering from it: GERD is a manageable condition.

Read on for a science-backed guide to symptoms and causes of GERD, plus treatments and DIY remedies to help you score relief.

GERD vs. reflux and heartburn: What's the difference?

Before we dive into the terms, it might help to picture the esophagus—y'know, that long tube responsible for transporting food and drink down to the stomach. At the end of the esophagus is a band of muscle called the lower esophageal sphincter (LES), which acts as a portal to the stomach. The LES is designed to open only when a person swallows. When you're not eating or drinking, it's supposed to stay shut. When it doesn't? Reflux, heartburn, and/or GERD can result. Now, here's a closer look at what those terms mean:

- **Reflux:** This is the term that describes the action—stomach contents backing up past the LES and into the esophagus. Stomach acid is generally the main component of that backflow, but bile and small amounts of whatever you recently ate can regurgitate, too, says [Tripp Buckley, MD](#), surgical director of digestive health at UT Health Austin and Ascension Seton.
- **GERD:** Short for gastroesophageal reflux disease, GERD describes recurring bouts of reflux, Dr. Buckley says. People who experience reflux episodes more than twice a week are generally said to have GERD.
- **Heartburn:** Often described as a fiery feeling in the center of the chest, heartburn is the most common—and for many sufferers, the most bothersome—sign of reflux. As we'll explore in a moment, reflux and GERD can cause a number of symptoms.

Symptoms of GERD

As we mentioned above, frequent heartburn—especially after eating—is the most common sign of GERD. But not everyone experiences this form of discomfort. Other symptoms of GERD may include:

- Difficulty swallowing
- Chronic cough
- Hoarseness
- Persistent bitter taste in the mouth

If your doctor suspects GERD is [causing any of these symptoms](#), they may advise you to take an acid-reducing drug like a proton pump inhibitor (more on that in a bit) for a few weeks to see if symptoms improve. If they don't, GERD might be diagnosed by an endoscopy—a procedure that allows a doctor to view the esophagus—or a pH test, which measures acid levels in the lower part of the esophagus during a certain period of time.

It's advisable to see a physician promptly if you think you might have GERD—in part to rule out other possibilities. For example, persistent chest discomfort that feels like heartburn could also be a sign of cardiovascular disease. In the event you experience sudden chest pain or pressure, seek emergency help, as this could be a sign of heart attack.

Complications of GERD

Over time, untreated GERD can harm the esophagus. “GERD may result in inflammation and subsequent narrowing of the esophagus,” says Soroya Rahaman, MD, a gastroenterologist with [Gastro MD](#) in Tampa, Florida.

This can make swallowing painful and difficult.

Cancer risk is an additional concern. Approximately 10–15% of people with GERD develop severe damage to the esophagus known as Barrett’s esophagus, which is a precursor to esophageal cancer. This underscores the importance of working with a doctor to manage the condition, Dr. Rahaman says.

What causes GERD?

Researchers have yet to pinpoint the exact cause of GERD, Dr. Buckley says. But studies have uncovered strong links between the disorder and weight: People living in larger bodies are more likely to develop GERD. Greater weight puts pressure on the stomach that can push its contents upward, Dr. Buckley explains.

GERD is common during pregnancy for the same reason. In addition, pregnancy-related hormonal changes may slow digestion. The condition may also occur when someone has a hiatal hernia, which occurs when the upper part of the stomach pushes upward through an opening in the diaphragm; this allows some of the stomach contents to flow into the esophagus.

All these factors play into GERD incidence. Meanwhile, there are many triggers—such as foods and habits—that set off symptoms. As you read through the following potential GERD triggers, keep in mind that every person is unique. Reactions to foods, for example, depend on the individual. A conversation with your doctor is key to figuring out what might be causing GERD for you.

- **Acidic foods:** In some people, acid in foods like citrus fruit and tomatoes may irritate the lining of the intestinal wall, causing reflux and heartburn.
- **Caffeine:** Caffeinated beverages like coffee often make GERD worse. Not only are many such drinks acidic, Dr. Buckley says, but caffeine itself relaxes the LES. In one study, 31% of people who drank more than four cups of tea a day had GERD, while the condition was present in only 12% of people who drank less than three cups of tea a day.
- **Alcohol and nicotine:** Alcohol and nicotine lower LES tone (making it less tight), which increases reflux.
- **Dietary fat:** While everyone reacts to foods such as bacon, fries, and ice cream differently, foods with a high fat content often trigger reflux in people with GERD. One small study found that people with GERD had significantly more relaxation of the LES a few hours after eating a meal that was 60% fat than they did after eating one that was 25% fat. This may be due to the prolonged time fat spends in the stomach compared with protein or carbs.
- **Spicy foods:** Research suggests that in some people, capsaicin—the compound that gives fiery foods their three-alarm flavor—may slow digestion, causing reflux. But like acidic foods, and those high in fat, some people with GERD aren’t affected by spiciness, Dr. Buckley says.
- **Abdominal pressure:** Anything that increases force on the stomach—like pants with a tight waistband or even exercises that involve bending forward at the hips—may trigger reflux in the same way that excess weight does.
- **Certain medications:** Drugs like sedatives, nonsteroidal anti-inflammatories, and calcium channel blockers—as well as some asthma medicines and antidepressants—relax smooth muscle, which can lead to a relaxed LES, as well.
- **Large and/or late-night meals:** Bigger meals increase pressure on the LES, which can trigger reflux. “If you think about the stomach like a balloon, it has a long neck and a short body; but as you blow it up, the neck shortens and starts to splay out at the point where it meets the balloon,” Dr. Buckley says. “That’s what happens to the lower esophageal sphincter when someone eats too much at once.” Meal timing may also affect GERD symptoms, since eating within three hours of bedtime is associated with an increase in reflux.

5 lifestyle approaches for managing GERD

Many people get relief from GERD symptoms, including heartburn, with lifestyle changes, Dr. Buckley says. Five to consider:

1. Maintain a healthy weight

Research suggests there's a direct correlation between weight loss and GERD relief. In one [six-month study](#) of 332 adults who had an average [BMI](#) of 35, 81% of participants reported a reduction of GERD symptoms after losing an average of 28 pounds. And for 65% of subjects, GERD went away entirely following weight loss. Looking to get started? Check out WW's guide on [how to lose weight the healthy way](#).

2. Create a GERD diet for *you*

Since everyone [reacts to ingredients differently](#), there isn't a gold-standard GERD diet that everyone with the condition should follow. To help you identify what exacerbates your symptoms, try keeping a food diary for a week, Dr. Buckley says. Jot down what you consume, along with any symptoms and timing of onset. Then try removing foods that seem to trigger your symptoms and see how you feel. For example, if you noticed heartburn after having pasta with marinara sauce, you might cut tomatoes out of your diet to see if your symptoms improve. Once you've ID'd your triggers, you can limit them.

3. Tweak meal sizes and timing

To prevent that ballooning effect described earlier, try having five small meals—instead of three larger squares—a day. [Mindful eating](#) may help, too: Research shows that people who practice mindfulness during a meal consume less food overall than those who are distracted while they dine. To practice mindful eating, try keeping your phone away from the table and setting down your fork between bites. As for meal timing, it may help finish eating at least three hours before bedtime to prevent nighttime reflux.

4. Limit alcohol, caffeine, and nicotine

These substances can cue up reflux by relaxing that lower esophageal sphincter. To decrease your caffeine and [alcohol intake](#), you might try replacing a second cocktail or mid-morning cup of joe with a non-caffeinated tea or sparkling water. For support with quitting smoking, check out the programs and info at [smokefree.gov](#).

5. Sleep on an incline

Feel like your heartburn flares up at night? For some folks, lying down allows stomach contents to spill backward, making sleep challenging. A possible solution to know about: One [small study](#) found that when people slept with the head of their bed elevated about 8 inches, they had significantly less acid in their esophagus and reported less nighttime heartburn. Try placing wood or plastic risers beneath the two legs of your bed's headboard, or prop up your torso with a foam sleeping wedge.

Medical treatments for GERD

Lifestyle changes alone don't always get the job done in terms of managing GERD. In such cases, medications or surgery might be helpful.

Drugs are typically used to prevent heartburn, the main symptom of GERD, by decreasing some of the stomach acid which contributes to the fiery feeling. But medication doesn't target the cause, which is that relaxed LES we've mentioned so much.

If you have GERD that causes frequent discomfort, your doctor may recommend one of these approaches:

- **H2 blockers:** Histamine-2 (H2) receptors stimulate stomach acid production. Over-the-counter H2-blocking medications such as Pepcid and Tagamet help put the brakes on that process. H2 blockers start working in under 45 minutes and continue to tamp down acid production for about 12 hours, Dr. Buckley says. Patients are generally advised to take H2 blockers either as needed or daily.
- **Proton pump inhibitors (PPIs):** PPIs like Prilosec and Nexium are available over the counter and by prescription. The prescription forms are considered the strongest medications for treating GERD and are often the next step when OTC meds and H2 blockers aren't effective. All PPIs help decrease reflux by preventing cells in the stomach from producing too much acid. "PPIs take about two to three days to get into your system," Dr. Buckley says, and you need to take them daily to maintain efficacy. Long-term use of PPIs has been associated with an increased likelihood of developing [bone loss and digestive issues](#), so get your doctor's input before taking one.
- **Surgery:** Even with medication, some people living with GERD continue to experience symptoms that affect their quality of life, Dr. Buckley says. If that describes you, your doctor may recommend surgery. The most common surgical treatment for GERD is a laparoscopic procedure called [Nissen fundoplication](#), which involves reinforcing the lower esophageal sphincter, Dr. Buckley says.

What about calcium carbonate?

Popping an antacid like TUMS or Rolaids may provide in-the-moment relief from heartburn by neutralizing stomach acid, but such remedies are not a long-term treatment approach for GERD. They're best for people who experience occasional reflux, such as after a big meal, Dr. Buckley says.

The upshot: GERD is a manageable condition

If you're diagnosed with GERD, remember that the condition is treatable. Simple changes, such as limiting foods that trigger symptoms and adjusting your sleep position, may prevent reflux and the pain it causes. For more frequent symptoms—or discomfort that doesn't respond to lifestyle changes—over-the-counter and prescription drugs, as well as surgery, are available. Working with a healthcare provider to design a personalized treatment plan can sharply reduce GERD symptoms and, in some cases, may resolve the condition altogether.

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Barbara Brody is a freelance writer who specializes in health and wellness. Her work has appeared in a variety of outlets including WebMD, Health, and Prevention.

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