Dietary tips for controlling gastroesophageal reflux disorder.

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Introduction

GERD affects millions of people worldwide, causing significant discomfort and impairing daily activities. The primary mechanism behind GERD is the weakening of the lower esophageal sphincter (LES), which normally acts as a barrier to prevent stomach acid from flowing back into the esophagus. Several factors can contribute to the weakening of the LES, including certain foods, beverages, and eating habits. Therefore, dietary management plays a crucial role in controlling GERD symptoms [1].

Gastroesophageal reflux disorder (GERD) is a chronic digestive condition characterized by the backflow of stomach contents into the esophagus, leading to symptoms such as heartburn, regurgitation, and discomfort. Managing GERD effectively often involves lifestyle modifications, particularly dietary changes. By understanding which foods and eating habits can exacerbate or alleviate symptoms, individuals can better control their condition and improve their quality of life.

A well-structured dietary plan can help reduce the frequency and severity of GERD symptoms. This involves identifying and avoiding trigger foods, incorporating foods that are less likely to cause reflux, and adopting eating habits that minimize pressure on the LES. The following dietary tips offer guidance on how to manage GERD effectively through nutrition [2].

One of the first steps in managing GERD through diet is identifying and avoiding foods that commonly trigger symptoms. Spicy foods, such as chili peppers and hot sauces, are known to irritate the esophagus and increase stomach acid production, leading to heartburn. Similarly, acidic foods like tomatoes, citrus fruits, and vinegar can exacerbate reflux symptoms. Fatty foods, including fried items, full-fat dairy products, and fatty cuts of meat, can also weaken the LES and slow digestion, increasing the risk of reflux. Additionally, chocolate and caffeinated beverages like coffee and tea can relax the LES, making it easier for stomach acid to flow back into the esophagus [3].

In contrast to trigger foods, certain foods can help soothe the esophagus and reduce the likelihood of reflux. High-fiber foods, such as whole grains, fruits, vegetables, and legumes, promote healthy digestion and prevent constipation, which can reduce pressure on the LES. Non-citrus fruits like bananas, melons, and apples are generally well-tolerated and less likely to cause reflux. Vegetables, especially leafy greens, broccoli, and cauliflower, are low in fat and high in fiber, making them ideal for managing GERD. Lean proteins, such as chicken, turkey, fish, and plant-based proteins like tofu and legumes, are also recommended as they are less likely to trigger symptoms compared to fatty meats [4].

In addition to choosing the right foods, adopting certain eating habits can significantly impact GERD management. Eating smaller, more frequent meals instead of large meals can help prevent the stomach from becoming too full, which reduces pressure on the LES. It is also advisable to avoid lying down immediately after eating, as this can promote the backflow of stomach contents into the esophagus. Waiting at least two to three hours after a meal before lying down or going to bed can help minimize reflux symptoms [5].

Chewing food thoroughly and eating slowly can also aid digestion and reduce the risk of reflux. When food is wellchewed, it requires less stomach acid for digestion, which can help prevent excess acid production. Moreover, drinking water between meals rather than during meals can prevent the stomach from becoming too full and reduce the risk of reflux [6].

Another important aspect of dietary management for GERD is maintaining a healthy weight. Excess body weight, particularly around the abdomen, can increase pressure on the stomach and LES, leading to reflux. Therefore, adopting a balanced diet and engaging in regular physical activity to achieve and maintain a healthy weight can be beneficial for managing GERD symptoms [7].

Certain beverages should also be limited or avoided to control GERD. Alcohol, for instance, can relax the LES and increase stomach acid production, making reflux more likely. Carbonated beverages can cause bloating and pressure on the LES, exacerbating GERD symptoms. Opting for noncaffeinated herbal teas, such as ginger or chamomile tea, can be a soothing alternative that helps manage symptoms. Ginger, in particular, has natural anti-inflammatory properties and can help reduce irritation in the esophagus [8].

Additionally, staying hydrated is crucial for overall health and can aid in managing GERD. Drinking adequate amounts of water throughout the day helps dilute stomach acid and promotes healthy digestion. However, it is important to avoid drinking large amounts of water at once, especially during meals, to prevent overfilling the stomach [9].

Certain lifestyle modifications can complement dietary changes in managing GERD. Elevating the head of the bed by

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about six to eight inches can help prevent nighttime reflux by keeping stomach acid from flowing back into the esophagus while lying down. Wearing loose-fitting clothing can also reduce pressure on the abdomen and LES. Stress management techniques, such as yoga, meditation, and deep breathing exercises, can help reduce stress-related reflux symptoms [10].

Conclusion

Managing GERD through dietary changes involves avoiding trigger foods, incorporating soothing foods, and adopting healthy eating habits. Incorporating high-fiber foods, lean proteins, and non-citrus fruits and vegetables can help promote healthy digestion and minimize reflux. Additionally, adopting eating habits such as eating smaller meals, chewing food thoroughly, and avoiding lying down after meals can further help control GERD. Maintaining a healthy weight, staying hydrated, and making certain lifestyle modifications can complement dietary changes and contribute to overall symptom management. By following these dietary tips, individuals with GERD can take control of their condition and improve their quality of life.

References

- 1. Richter JE. Long-term management of gastroesophageal reflux disease and its complications. Am J Gastroenterol. 1997;92.
- 2. DeVault KR, Castell DO, Practice Parameters Committee of the American College of Gastroenterology.

Updated guidelines for the diagnosis and treatment of gastroesophageal reflux disease. Am J Gastroenterol. 1999;94(6):1434-42.

- Vandenplas Y, Hassall E. Mechanisms of gastroesophageal reflux and gastroesophageal reflux disease. J Pediatr Gastroenterol Nutr. 2002;35(2):119-36.
- 4. Scarpignato C, Sloan JA, Wang DH, et al. Gastrointestinal pharmacology: practical tips for the esophagologist. Ann N Y Acad Sci. 2020;1481(1):90-107.
- Hunt R, Armstrong D, Katelaris P, et al. World gastroenterology organisation global guidelines: GERD global perspective on gastroesophageal reflux disease. J Clin Gastroenterol. 2017;51(6):467-78.
- Rudolph CD, Mazur LJ, Liptak GS, et al. Guidelines for evaluation and treatment of gastroesophageal reflux in infants and children: recommendations of the North American Society for Pediatric Gastroenterology and Nutrition. J Pediatr Gastroenterol Nutr. 2001;32:1-31.
- 7. Friedenberg FK, Xanthopoulos M, Foster GD, et al. The association between gastroesophageal reflux disease and obesity. Am J Gastroenterol. 2008;103(8):2111-22.
- 8. Herbst JJ. Gastroesophageal reflux. The Journal of Pediatrics. 1981;98(6):859-70.
- 9. Nadaleto BF, Herbella FA, Patti MG. Gastroesophageal reflux disease in the obese: Pathophysiology and treatment. Surgery. 2016;159(2):475-86.