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Dietary and Behavioral Reflux Management

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Dietary and Behavioral Reflux Management

By: Adam Gehr, MA
& Deanna Britton, PhD, CCC-SLP



Outline

Gastroesophageal Reflux and Dysphagia

Clinical Relevance of Pamphlet

Scoping Review Methods

Scoping Review Results

Updated Pamphlet

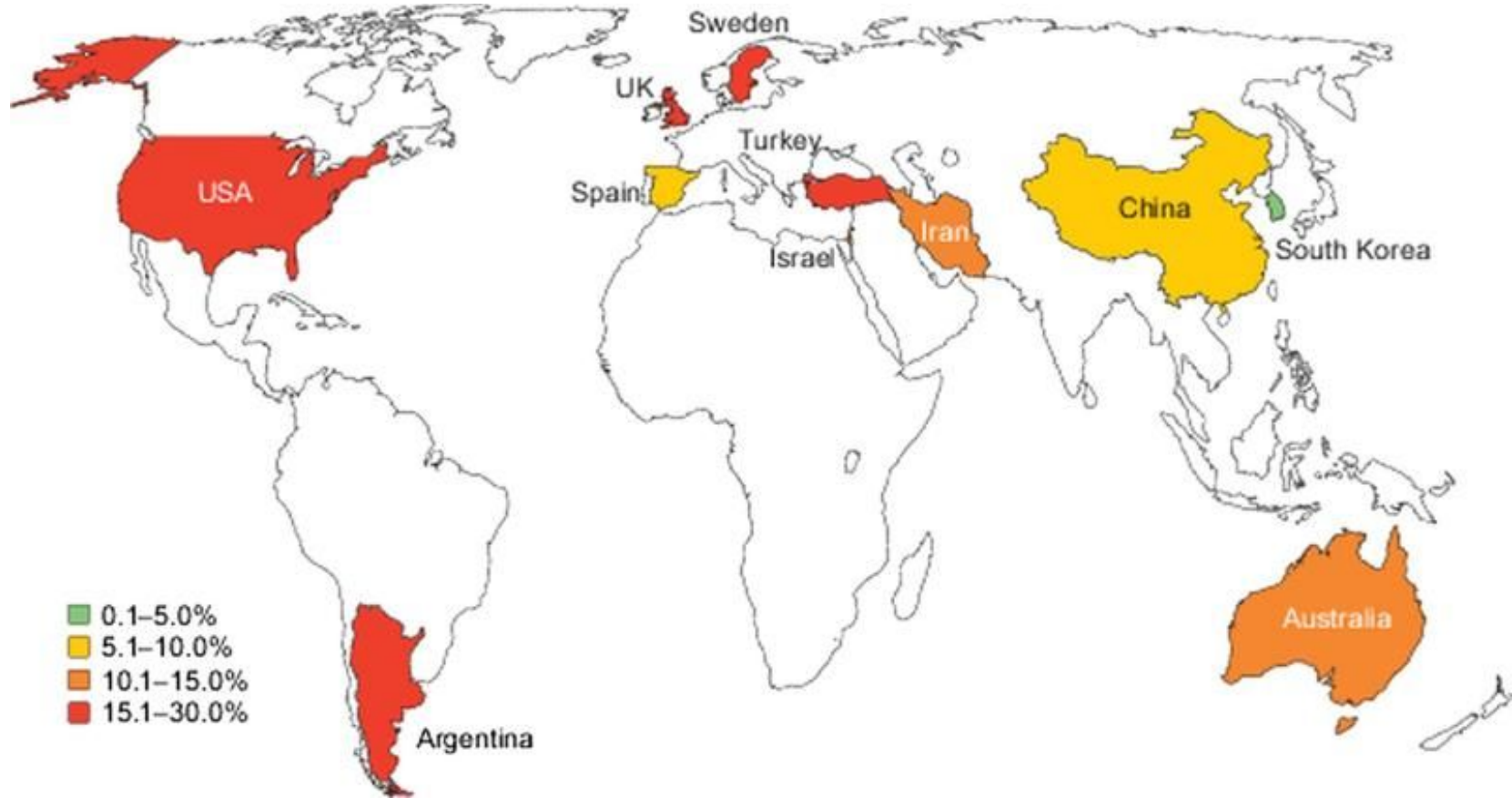


Gastroesophageal Reflux

- ❖ Gastroesophageal Reflux Disease (GERD)
- ❖ Symptoms Include: heartburn, chest pain, difficulty swallowing (dysphagia), regurgitation of food or sour liquid, sensation of a lump in the throat
- ❖ Affects around $\frac{1}{4}$ of the U.S. Population¹

Long Term Effects

- ❖ Irritation and inflammation of the esophagus (esophagitis)
- ❖ Esophageal stricture
- ❖ Barrett's esophagus
- ❖ Sleep Apnea





Relation to Dysphagia

- ❖ Chronic reflux can lead to difficulty swallowing (dysphagia)
- ❖ Has been associated with Cricopharyngeal Dysfunction
- ❖ Aspirated stomach acid can damage the lungs and affect breathing
- ❖ Behavioral modification can limit damage from reflux



In the Clinic

- ❖ Patients often present with swallowing difficulties related to acid reflux
- ❖ Best treatments are often a combination of medical and behavioral
- ❖ 40-80% of information provided by healthcare providers is forgotten immediately²
- ❖ 50% of that information is incorrect²
- ❖ Important to provide in writing





Methods

- Search Parameters
- Searches in PubMed and Google Scholar
- Inclusionary and Exclusionary Criteria:
 - Included: Most pertinent related English language articles related to adult gastroesophageal reflux and behavioral factors
 - For all: English only; NOT “children,” “pediatric,” “infant,”
 - Limit year 2017 – Present (completed March 2022)
 - Did not limit years for beverage search

KEYWORDS --- GASTRO-ESOPHAGEAL REFLUX, GERD,

| Pubmed (incl. Medline) and Cochrane databases | Free Text Search Terms |
|--|---|
| MeSH Headings: GASTRO-ESOPHAGEAL REFLUX, or GERD | "GERD" or "Reflux" or "Gastroesophageal reflux" |

(General) AND.....

KEYWORDS --- BEHAVIORAL MODIFICATIONS, LIFESTYLE, BEHAVIOR

| Pubmed and Cochrane databases | Free Text Search Terms |
|--|--|
| MeSH Headings: LIFESTYLE, or BEHAVIOR | "Behavioral modification" or "Lifestyle" or "Behavior" |

(Physical Adjustments) AND.....

KEYWORDS --- EXERCISE, SLEEP, POSITION, ELEVATION, BED

| Pubmed and Cochrane databases | Free Text Search Terms |
|---|---|
| MeSH Headings: EXERCISE, or SLEEP, or POSITIONING | "exercise" or "sleep" or "position" or "elevation" or "bed" |

(MEALS) AND.....

KEYWORDS --- MEAL SIZE, MEAL TIME, WEIGHT, OBESITY, FOOD INTAKE

| Pubmed and Cochrane databases | Free Text Search Terms |
|--|--|
| MeSH Headings: MEAL, or MEAL TIME, or WEIGHT, or OBESITY | "meal size" or "meal time" or "weight" or "obesity" or "food intake" |

(DIET) AND.....

KEYWORDS --- DIET, FOOD, BEVERAGES, SOOTHING

| Pubmed and Cochrane databases | Free Text Search Terms |
|---|---|
| MeSH Headings: DIET, or FOOD, or BEVERAGES | "diet" or "food" or "beverages" or "soothing" or |

(OTHER) AND.....

KEYWORDS --- EXERCISE, CHEWING, GUM, SMOKING, TOBACCO, ALCOHOL, STRESS

| Pubmed and Cochrane databases | Free Text Search Terms |
|--|--|
| MeSH Headings: EXERCISE, or CHEWING, or GUM, or SMOKING, or TOBACCO, or ALCOHOL | "chewing" or "gum" or "smoking" or "tobacco" or "alcohol" or "stress" |



Notable Changes to Prior Handout

- ❖ Previous handout created by Nick Sanford & Deanna Britton (2017)
- ❖ Inclusion of Beverage alternatives
- ❖ Inclusion of sleep suggestions
- ❖ Changed phrasing to be more affirmative and represent updated research
- ❖ Removed suggestions that may have adverse effects among certain patient populations



Dilemmas

- ❖ Not a lot of good research on beverages to soothe GI tissues
- ❖ Some that have been shown to be beneficial also have possible side effects
 - Licorice Root
 - Marshmallow Root
- ❖ Some behaviors/diets have been shown to be beneficial but can be contraindicated in the populations we see
 - Elimination diet
 - Lose weight
 - Low carb diet



Finding Highlights

*Superscript references are attached to each recommended strategy in the pamphlet (e.g. Sleep on left side^{4, 6, 7})

Physical Adjustments

- ❖ Raise head of bed 6 inches or sleep on a bed wedge
- ❖ Avoid bent forward postures
- ❖ Do not lie down immediately after eating
- ❖ Sleep on your left side

Mealtime Behaviors

- ❖ Eat smaller more frequent meals rather than a few large meals
- ❖ Avoid eating right before bed
- ❖ Eat meals slowly and methodically
- ❖ Avoid high intensity exercise immediately after eating



Other Modifications

- ❖ Maintain a healthy weight
- ❖ Avoid tight fitting clothes that restrict abdomen
- ❖ Reduce high impact life stressors, fatigue, and irritability
- ❖ Chew sugar free gum for 30 minutes after meals (if tolerated)
- ❖ Quit tobacco smoking
- ❖ Sleep for 7-8 hours per night



Common Food and Beverage Triggers

- High fat foods such as greasy and fried foods
- Acidic foods such as tomatoes and citrus
- Spicy foods
- Citrus juices
- Whole milk
- Coffee and caffeinated tea
- Soda
- Alcohol
- Mint Teas



Beverage Alternatives

Water

Less acidic fruit or vegetable juices (aloe vera, celery, carrot, etc.)

Coconut water

Ginger tea

Herbal teas such as chamomile

Low fat or plant based milk



Conclusions

- ❖ Diet and behavioral management of Gastroesophageal Reflux are important aspects of treatment
- ❖ Patients benefit from recommendations in writing
- ❖ These should be applicable to most patients seen in the clinic
- ❖ Many previous recommendations continued to be appropriate but beneficial to update periodically
- ❖ Further research on diet and GERD is warranted



References

1. El-Serag, H. B., Sweet, S., Winchester, C. C., & Dent, J. (2014). Update on the epidemiology of gastro-oesophageal reflux disease: a systematic review. *Gut*, 63(6), 871–880.
<https://doi.org/10.1136/gutjnl-2012-304269>
2. Kessels R. P. (2003). Patients' memory for medical information. *Journal of the Royal Society of Medicine*, 96(5), 219–222. <https://doi.org/10.1258/jrsm.96.5.219>