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Annals of Internal Medicine

Upper endoscopy for GERD

When you need it—and when you don't

People with heartburn often undergo a procedure called endoscopy to see if gastro-esophageal reflux disease (GERD) is the cause, and if it is, to check periodically for complications. But that's usually not necessary. Here's why.

It usually doesn't lead to better treatment.

Frequent heartburn could be caused by GERD, a condition in which acid in your stomach rises up into the esophagus. Left untreated, GERD can inflame the lining of the esophagus, causing a condition known as esophagitis. A few GERD patients develop Barrett's esophagus, a disorder that can, in rare cases, lead to cancer of the esophagus. Doctors can check for those problems with an endoscope, a lighted, flexible tube with a camera. But the procedure usually isn't necessary because the chance of esophageal cancer in heartburn sufferers is very low, affecting only about 1 in 2,500 patients older than 50 each year. Even among people with Barrett's, the risk of cancer is quite low. As a result, frequent endoscopies are usually unnecessary, and rarely change the treatments doctor offer.



It can pose risks.

Endoscopy is usually safe, but can cause bleeding or puncture the stomach or esophagus. The sedatives used can cause breathing difficulty, abnormal heart rhythms, and other problems. And incorrect findings can lead to needless tests and treatments. For example, people misdiagnosed with cancer might have part of the esophagus surgically removed, and those misdiagnosed with Barrett's might be denied insurance.

It can be expensive.

The procedure typically costs about \$1,130 plus a fee for anesthesia, according to HealthcareBlueBook.com. And even insured patients may have substantial co-pays and deductibles.

So when is it warranted?

People with GERD don't need endoscopy unless:

- Symptoms remain after four to eight weeks of a proton pump inhibitor (PPI) such as esomeprazole (Nexium), lansoprazole (Prevacid and generic), or omeprazole (Prilosec and generic).
- Severe inflammation of the esophagus persists despite two months of PPI treatment.
- Heartburn occurs with anemia, difficulty swallowing, weight loss, frequent vomiting, vomiting blood, or black or red bowel movements.
- You have frequent difficulty swallowing, plus a history of narrowing of the esophagus.

The test might also be appropriate if you are a man 50 or older with GERD symptoms for more than five years plus other risk factors such as smoking or obesity. Most people who have Barrett's need endoscopy once every three to five years. Those with early signs of cancer require it more often. And those without Barrett's usually don't need it repeated at all.

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Consumer Reports' Advice

How should you manage heartburn?

The following steps can help relieve occasional heartburn as well as GERD:

• **Make lifestyle changes.**

Lose excess weight, stop smoking, eat smaller meals, don't lie down for several hours after eating, wear loose-fitting clothes, and limit how much alcohol you consume. Resist foods and beverages that can trigger your heartburn, such as chocolate, peppermint, coffee (with or without caffeine), garlic, onions, and fried, spicy, fatty, or tomato-rich food.



Sleep comfortably. Place wood blocks under your bedposts to raise the head of your bed 6 to 8 inches.

Control acid. Over-the-counter antacids such as Maalox, Mylanta, Rolaids, or Tums may ease heartburn. For a stronger acid-reducer, try an H2 blocker such as famotidine (Pepcid and generic) or ranitidine (Zantac and generic).

Consider a PPI for GERD. Those drugs relieve symptoms and heal the lining of the esophagus in almost all sufferers. For best results, take them 30 to 60 minutes before a meal. Omeprazole and lansoprazole are sold over the counter, as low-cost generics. If symptoms don't improve after two to four weeks, ask your doctor about taking the dose twice a day. For our free Best Buy Drug report on PPIs, go to www.CRBestBuyDrugs.org and click on "heartburn."