

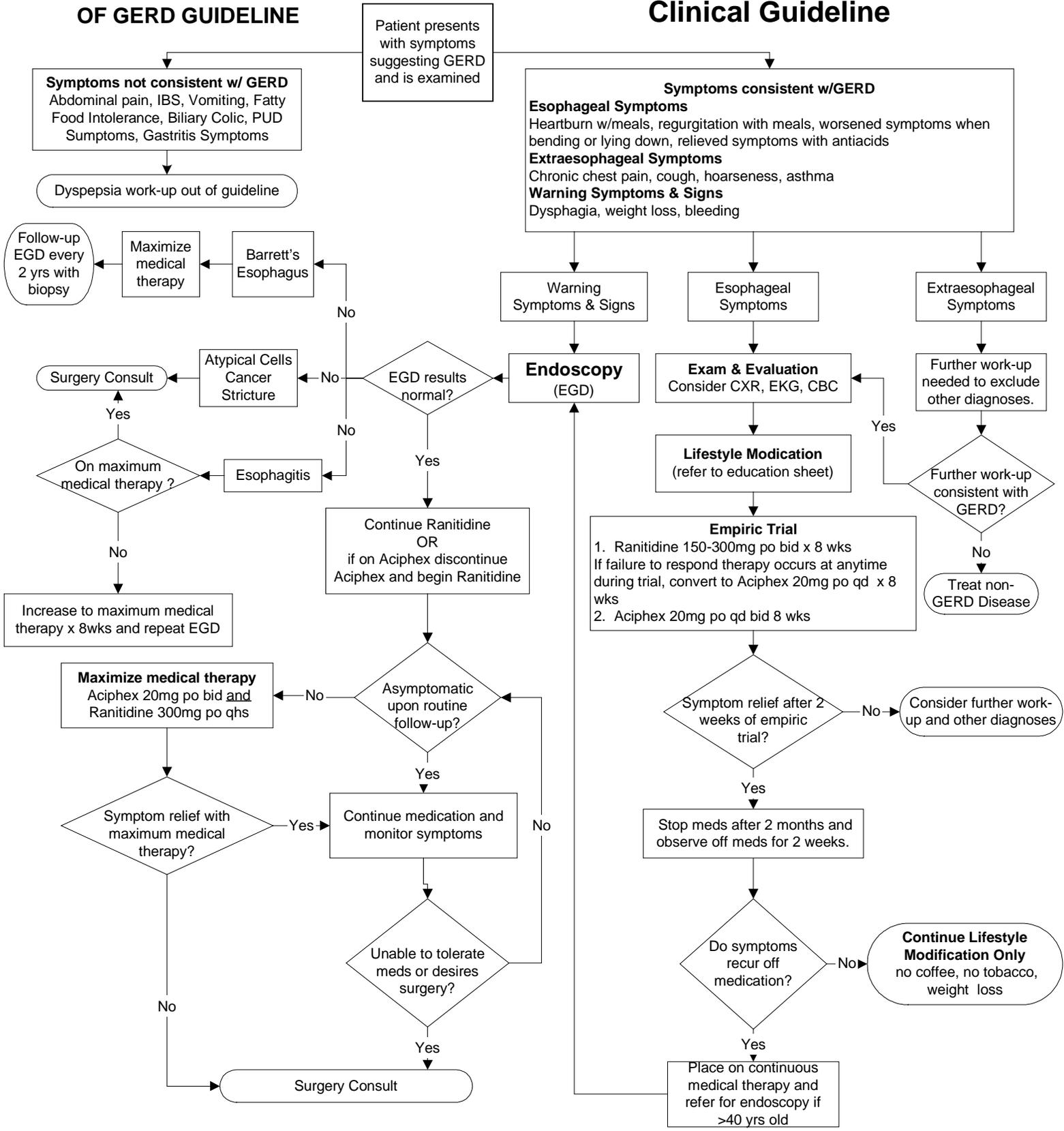
These guidelines are designed to assist clinicians and are not intended to supplant good clinical judgement or to establish a protocol for all patients with this condition.

DIAGNOSIS AND TREATMENT OF GERD

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DIAGNOSIS AND TREATMENT OF GERD GUIDELINE

Alaska Native Statewide Clinical Guideline



This guideline is designed for the general use of most patients, but may need to be adapted to meet the special needs of a specific patient as determined by the patient's medical practitioner.

*GERD is not an indication to treat or biopsy for H.pylori - Refer to CDC H.pylori clinical guideline.
 *Patients with H.pylori and a normal EGD (including mild gastritis) with GERD symptoms should not be treated for H.pylori.

LIFESTYLE MODIFICATION

- Encourage weight loss/maintenance. Reduce intake of saturated fat and cholesterol for overall weight loss.
- Modify alcohol intake: No more than 1 oz of ethanol (eg. 24 oz [720 ml] of beer, 10 oz [300 ml] of wine, or 2 oz [60 ml] of 100 proof whiskey) per day, less for women and light-weight people
- Tobacco avoidance: All smokers should be advised to stop and offered assistance in cessation.
- Caffeine avoidance: Counsel on alternatives to caffeinated drinks.
- No eating 3 hours prior to bedtime.
- Elevate head of bed 4-6 inches with blocks or books under mattress.

Things that can make symptoms worse

- Cigarette smoking
- Coffee (both regular and decaffeinated) and other drinks that contain caffeine
- Alcohol
- Citrus fruits
- Tomato products
- Chocolate, mints or peppermints
- Fatty foods or spicy foods (pizza, chili, curry)
- Onions
- Being overweight
- Aspirin or ibuprofen (brand names: Advil, Motrin, Nuprin)
- Some other medicines (check with your doctor)

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