

Global Health





Samuel Oliver, PharmD Student, Class of 2025 University of Findlay, Findlay, OH 45840 Olivers@findlay.edu

DIETARY HABITS FROM THE PERSPECTIVE OF AN INDIVIDUAL WITH GERD

From the moment we are born, our bodies communicate to us that food is a necessity, and our basic physiological reactions ensure that we eat to sustain life. An infant's simple cry tells us that they are hungry, in the same way that an adult's stomach growls, and mouth salivates. It sounds plain and simple; body tells us to eat so we eat. But it is more complex than that isn't it? One thing that I, and most humans for that matter, have failed to consider is how food can take revenge on us. The ingredients in the food we consume can have both benefits and detrimental to our health. As a pharmacy student finishing a gastrointestinal disease module, it is important to self-assess dietary habit to apply learned material. In addition, it is of the upmost important for someone struggling with uncontrolled Gastroesophageal Reflux Disease or GERD.

As a college student away from home, it is often hard to find and prepare foods that are nutritious for my body. First, we are forced to eat what the public dining hall serves. I often find myself choosing unhealthier foods because they taste better. Secondly, due to the rigor and stress caused from the pharmacy curriculum, it is hard to choose and prepare foods that will nourish my body. Patterns and habits have been established based on the

convenience of fast foods. Stress leads to eating more to induce satisfaction, at least in my life, and these choices are at the mercy of cravings. individual struggling Being an uncontrolled GERD, my choices based on convenience and taste do not often align with what is recommended for my disease state. In this manner, I am worsening my health and risking myself more harm from my condition. As we learned in PHAR569, our class on gastrointestinal disease, uncontrolled GERD can lead to serious health complications such as esophagitis and Barrett's esophagitis1. Several sources refer to the fact that various foods can aggravate GERD symptoms such as spicy foods, acidic foods, fried or fatty foods, and carbonation³. So, what exactly do I eat that is worsening my condition?

Every day for the past year and a half I have started off by taking pantoprazole 40mg. Guidelines recommend a proton pump inhibitor for a GERD diagnosis which I received over the course of the past year². Various tests were done to rule out other conditions; esophagogastroduodenoscopy, calprotectin blood test, and fecal PCR tests were done all showing unremarkable signs of other disease. After my PPI, I enjoy a cup of coffee or a latte from a local shop. I never have been a big breakfast person, and after suffering the consequences of GERD, I hate to disrupt my classes with my symptoms, thus I do not eat until lunch. Lunch usually consists of fast food, either on campus, or from a chain restaurant. I always tend to flock to spicier foods such as Asian cuisines or Latin inspired foods such as Chipotle. In between lunch and dinner, I tend to have snacks such as chocolate, a small bag of chips, or maybe some fruit. By the time dinner hits, I usually enjoy whatever the dining hall is serving. As stated above, the unhealthy options are the ones that taste good. Self-control is hard in such a stressful environment. To end my day, I often find myself going to Taco Bell with friends at least a few times a week. Based on this average day of eating, it is easy to see areas



Global Health



where improvement is necessary. Sources state that caffeine can aggravate GERD by relaxing the esophageal sphincter⁵. In addition, fatty foods, such as that which is served at Taco Bell and often on campus, can worsen GERD symptoms in the same way. In class, this was described as allowing backflow of stomach contents into the esophagus. In my personal condition, this presents as burping and often a sour taste in my mouth. Lastly, spicy foods can also increase GERD symptoms due to presence of capsaicin which slows digestion and irritation to both the stomach and the esophagus⁷. Researching the faults in my diet encourages me to make lifelong changes, but considerations must be made to what extent I am willing to give up. Is it worth sacrificing the pleasure in my food to improve my condition?

To this question, I answer yes. After taking PHAR569, I have realized the importance of food in relation to our health. Not only does food affect our gastrointestinal tract, it also affects other areas of our body. What we absorb in our stomach and intestines is used by various body systems for functionality. When we take in things that are a detriment to these systems, we often suffer consequences. I have learned an immense amount of information regarding diet from this class. For example, the implications of stress while eating and how it decreases nutrient absorption. In addition, increases in fatigue related to organ systems not functioning properly because of our diet can occur. Foods like probiotics, yogurt, kefir, ginger, green vegetables, whole grains, and lean proteins are examples of implementations that can be made into the diet to improve gut health. Taking in more dietary fiber and drinking more water are simple changes to make to improve our digestion.

After taking PHAR569, I have decided to find

ways to improve my dietary habits one item at a time. To start, I have made a vow with myself to take in more water and perhaps implement a fiber supplement into my daily routine. Secondly, I strive to eat more probiotic containing foods, whether it be a supplement or eating more yogurt. Lastly, I will begin to limit my consumption of spicy and fatty foods to avoid aggravation of my GERD symptoms with a goal to discontinue my PPI in the future. As stated at the start of this essay, some foods take revenge on us so it is important to make choices in foods that will better improve our health and avoid long-lasting consequences.

References

- 1. Heidarzadeh-Esfahani N, Soleimani D, Hajiahmadi S, Moradi S, Heidarzadeh N, Nachvak SM. Dietary Intake in Relation to the Risk of Reflux Disease: A Systematic Review. Prev Nutr Food Sci. 2021 Dec 31;26(4):367-379. doi: 10.3746/pnf.2021.26.4.367. PMID: 35047433; PMCID: PMC8747955.
- 2. Sierra-Arango F, Castaño DM, Forero JD, Pérez-Riveros ED, Ardila Duarte G, Botero ML, Cárdenas A, De la Hoz-Valle J. A Randomized Placebo-Controlled *N*-of-1 Trial: The Effect of Proton Pump Inhibitor in the Management of Gastroesophageal Reflux Disease. Can J Gastroenterol Hepatol. 2019 Dec 12;2019:3926051. doi: 10.1155/2019/3926051. PMID: 31929980; PMCID: PMC6935808.
- 3. Yibirin M, De Oliveira D, Valera R, Plitt AE, Lutgen S. Adverse Effects Associated with Proton Pump Inhibitor Use. Cureus. 2021 Jan 18;13(1):e12759. doi:



Global Health



10.7759/cureus.12759. PMID: 33614352; PMCID: PMC7887997.

- 4. Clarrett DM, Hachem C. Gastroesophageal Reflux Disease (GERD). Mo Med. 2018 May-Jun;115(3):214-218. PMID: 30228725; PMCID: PMC6140167.
- 5. Wei TY, Hsueh PH, Wen SH, Chen CL, Wang CC. The role of tea and coffee in the development of gastroesophageal reflux disease. Ci Ji Yi Xue Za Zhi. 2019 Jul-Sep;31(3):169-176. doi: 10.4103/tcmj.tcmj_48_18. PMID: 31258293; PMCID: PMC6559035.
- 6. Choe JW, Joo MK, Kim HJ, Lee BJ, Kim JH, Yeon JE, Park JJ, Kim JS, Byun KS, Bak YT. Foods Inducing Typical Gastroesophageal Reflux Disease Symptoms in Korea. J Neurogastroenterol Motil. 2017 Jul 30;23(3):363-369. doi: 10.5056/jnm16122. PMID: 28147346; PMCID: PMC5503285.
- 7. Swanson, C. (2020, November 6). Foods that cause heartburn. Austin Gastroenterology.https://www.austing astro.com/2020/11/17/foods-that-cause-heartburn/
- 8. Lainey Younkin, M. S. (2023, July 13). *Best foods to eat for gut health*. EatingWell. https://www.eatingwell.com/article/20 59033/best-and-worst-foods-to-eatfor-gut-health/