Managing GERD on the Psychiatric Unit

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Introduction: Gastroesophageal reflux disease (GERD) occurs when stomach acid flows back into the esophagus and causes irritation. You will likely encounter this condition among patients with psychiatric disorders because two major risk factors – smoking and obesity – are prevalent in this population. Additionally, many of the medications we prescribe tend to relax the lower esophageal sphincter, like antipsychotic medications with anticholinergic properties, and benzodiazepines due to their muscle relaxant effects. Here's a guide to help you recognize and treat GERD.

Symptoms to Look Out For:

- Typical Symptoms: Heartburn, Regurgitation, Dysphagia (difficulty swallowing).
- Less common symptoms: Chest pain, chronic cough, laryngitis, and / or asthma-like symptoms (due to acid reflux irritating the esophagus, throat, and airways).

Ask patients:

- Do you experience heartburn? If so, how often?
- Is there a pattern to your symptoms, like do they occur after meals or when lying down?
- Do you notice symptoms getting worse with certain foods or beverages, like spicy foods, caffeine, chocolate, or alcoholic beverages?
- Do you have any of the symptoms that might not seem related to heartburn, like persistent cough, hoarseness, wheezing, shortness of breath, or chest pain?

When to consult medicine:

- For uncomplicated GERD, you can initiate treatment without a medical consult—though in many hospitals medicine is happy to assist you with this.
- If you are unsure about the symptoms, and suspect a potential cardiac cause, consult medicine for a more thorough evaluation.

Lifestyle and Dietary Modifications:

- Have patients elevate the head of their bed at night with extra pillows.
- Instruct them to avoid large meals, especially before bedtime.
- Work with the hospital dietitian to eliminate trigger foods from the patient's diet.
- Advise patients to work towards a healthy weight if they're overweight.

Medications:

1. Antacids:
    - Examples: Tums, Rolaids
2. H2 Receptor Antagonists (H2RAs):
    - Examples: Ranitidine (Zantac) 150 mg twice daily, Famotidine (Pepcid) 20 mg twice daily.
3. Proton Pump Inhibitors (PPIs):
    - Examples: Omeprazole (Prilosec) 20 mg once daily, Esomeprazole (Nexium) 20-40 mg once daily, Lansoprazole (Prevacid) 30 mg once daily.
    - PPIs should be taken 30 minutes before the first meal of the day.
    - Increase the dose to twice daily (before breakfast and before dinner) if symptoms don't resolve after 4-8 weeks.
    - PPIs increase the risk of osteoporosis, kidney disease, and vitamin B12 deficiency, so the goal is to eventually taper and discontinue their use once the patient's GERD improves, except for patients with erosive esophagitis or Barrett's Esophagus (BE) -- a condition where the esophageal lining becomes red and thickened, placing patients at a heightened risk of esophageal cancer.