

Two Commonly Confused Conditions

Here is how you can distinguish between a stomach ulcer and GERD.

Gastroesophageal reflux disease (GERD) and stomach ulcers are two common gastrointestinal disorders, but their symptoms differ, as do their causes.

“The symptoms of GERD include heartburn and regurgitation of stomach contents,” explains gastroenterologist Kevin Ghassemi, MD, Center for Esophageal Disorders, Division of Digestive Diseases, David Geffen School of Medicine at UCLA. “Ulcers more often cause pain in the upper abdomen, but they do not always cause pain. Sometimes the symptoms are blood in the stool or blackened stool because the ulcer is bleeding.”

A Closer Look at Stomach Ulcers

The best way to know if an ulcer is present is through a gastroenterologist’s diagnosis, and that is most typically done with an endoscope—a thin, flexible tube with a camera. The endoscope is threaded down the throat and into the stomach, allowing the physician to see the lining of the stomach and GI tract. Sometimes, a biopsy, a small piece of tissue, may be taken from the lining for further examination.

Ulcers of the stomach and small intestine can be caused by long-term use of NSAIDs (nonsteroidal anti-inflammatory drugs), such as aspirin, ibuprofen, and naproxen. Tylenol (acetaminophen) is *not* an NSAID. Patients taking NSAIDs are vulnerable to ulcers, especially if they have been taking them for a long time. NSAIDs work by blocking enzymes that cause pain and inflammation. The problem is that one of the enzymes that the NSAID blocks also protects the stomach lining and helps control bleeding. When the NSAID reduces the amount

of that particular enzyme, it increases the possibility of a stomach ulcer.

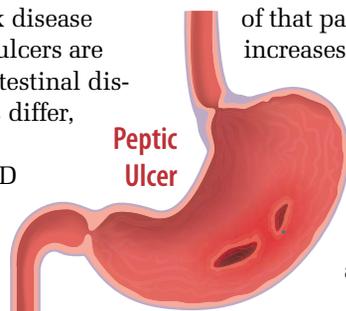
An infection from *H. pylori* bacteria can also cause an ulcer because the bacteria can damage the mucous coating that protects the stomach and duodenum (a tube-like structure that connects the stomach to the small intestine). Without the protective coating of mucus, the acids that break down foods can touch the sensitive lining, causing pain. In rare cases a tumor that triggers the release of large amounts of stomach acid can cause ulcers to form. Call or see your doctor right away if you:

- feel weak or faint
- have difficulty breathing
- have red blood in your vomit or vomit that looks like coffee grounds
- have red blood in your stool or black stools
- have sudden, sharp stomach pain that doesn’t go away.

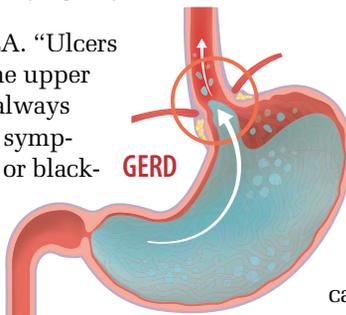
These symptoms could be signs that the ulcer has caused a more serious problem.

The Burning Pain of GERD

GERD affects about 20 percent of the population and is caused by a weakened or relaxed esophageal muscle (sphincter). When this muscle doesn’t contract as it should, stomach contents can flow back into the esophagus, causing heartburn, pain in the middle of the chest, nausea, bad breath, and problems swallowing.



An ulcer damages the stomach lining. GERD results from a malfunction in esophageal sphincter.



WHAT YOU SHOULD KNOW

- **GERD** occurs when a muscle between the esophagus and stomach weakens.
- **An ulcer** is a sore in the stomach or small intestine lining.
- **Both** are treated with acid-reducing medications, but duration varies.

GERD is more likely to affect people who are overweight and smoke regularly. Some medications can also cause it, such as those that treat asthma, calcium channel blockers that treat high blood pressure, painkillers, sedatives, and antidepressants.

Physicians can typically diagnose GERD through a medical history and your symptoms. If symptoms don’t improve after lifestyle changes and medications, further testing may be needed, including use of upper GI endoscopy.

Treating GERD and Stomach Ulcers

The underlying issue for both these conditions is the same—acid. In GERD, acid in the esophagus is the problem, whereas with an ulcer, acid is causing a problem in the stomach lining. So, the medication used to treat them is the same, an acid reducer (e.g. Pepcid, Zantac and Prilosec).

“The treatment duration, however, can differ depending on whether it’s GERD or ulcer,” explains Dr. Ghassemi. “The severity of the symptoms matter. Someone who has severe reflux may need to be treated indefinitely, whereas someone who has mild and intermittent reflux may not need to be treated daily. In both cases, by reducing the amount of acid produced in the stomach, the damage can heal.”

Lifestyle strategies to reduce acid reflux and possibly ulcer irritation include not overeating and not lying down for at least two or three hours after eating. If you suspect you have an ulcer, see your doctor because to treat it effectively, it’s crucial to know the root cause. ■