

Diet for Gastro-Oesophageal Reflux

By Ms Caroline Salisbury

Gastro-oesophageal reflux (GOR) occurs when the stomach contents including acid move back up into the oesophagus. Patients usually describe their symptoms as heartburn or indigestion. Sufferers often report increased reflux after large fatty or spicy meals, particularly when eaten close to bedtime. GOR is more common in overweight individuals, but those of an acceptable weight can also suffer. Chronic reflux can result in oesophagitis (inflamed oesophagus), further increasing sensitivity to acid and foods.

The role of diet in GOR

While there are very effective medications to control GOR, some patients prefer to do without medications as much as possible, relying instead on dietary and lifestyle changes.

Weight control

Excessive weight increases intra-abdominal pressure and makes reflux worse - this is one of the commonest reasons for worsening of reflux symptoms. A reduction in fat and total kilojoule intake can reduce symptoms, and help with gradual weight loss in overweight sufferers. A weight loss in the range 1/2 kilogram per week to 1 kilogram per month is desirable. Regular exercise is also important in maintaining ideal body weight. Sufferers of acceptable body weight should maintain their total energy intake by snacking, avoiding those foods which trigger episodes of reflux.



Types of foods

It may be helpful to record food and fluid intake around the time that symptoms occur to identify eating behaviour and particular foods that aggravate symptoms. High fat foods commonly make reflux worse. Recommendations for daily fat intake vary. A common guide is 45 g per day for men and 30 g for women. For example a typical takeaway hamburger with large fries supplies over 60 g of fat. High fat foods are a particular problem when eaten quickly and in conjunction with carbonated cola drinks, alcohol or coffee.

Specific foods may alter the lower oesophageal sphincter pressure, and increase the risk of reflux. Some of these foods include coffee (with and without caffeine), tea, chocolate bars and drinks, cola drinks, and fried foods. Alcohol can also increase symptoms. Individual sensitivities to foods vary, and reflux sufferers may report sensitivities to a wide range of foods including lettuce, grain breads, onions, garlic and capsicum. It is important not to permanently exclude too wide a range of foods as this may have nutritional consequences. Once symptoms are controlled through changes in diet, medication and lifestyle some of the excluded foods should be reintroduced if possible.

Size and timing of meals

Reflux is less likely to occur when the volume or size of the meal is kept small. To achieve this the total daily food intake should be evenly spread over 3 meals and 2 snacks. It is best to avoid food and drink 3 hours before bed.

Smart eating tips for reflux sufferers

- Reduce weight, if overweight.
- Keep a diary of food and drink which appear to cause your symptoms.
- Watch the role of stress, and eating behaviours such as eating 'on the run', large meals, excessive alcohol and caffeine.
- Balance food over 3 meals and 2 snacks per day. Base each meal on low fat, high fibre carbohydrate such as cereal, bread, pasta or rice.
- Avoid having 'seconds' at dinner and avoid eating closer than 3 hours before bed.
- Make sensible choices when eating out - less fat and limit the number of courses (try an entree and a salad, or just a main course and salad).

A healthy eating guide for reflux

This menu plan contains 35 - 40 g of fat and 30 g of fibre.

Breakfast - a bowl of high fibre cereal such as untoasted muesli, weetbix or porridge with fresh or tinned fruit and reduced fat or skim milk and/ or wholemeal or grain toast with minimal margarine and honey or vegemite. Tea.

Lunch - sandwiches made with wholemeal bread with low fat cheeses, lean meats, tinned fish and salad. Skip the margarine. Tinned or fresh fruit with low fat yoghurt. Water, tea or diluted juice.

Main Meal - chicken and vegetable stir fry with minimal oil. Served with steamed rice. Iced water with a squeeze of lemon or lime juice.

Snacks - fresh fruit, low fat yoghurt, low fat crackers such as rice crackers, or microwaved pappadums. Water, tea or diluted juice. Avoid high fat snacks such as potato crisps, corn chips and cheese and crackers.

Recommended cookbooks

(prices quoted are approximate in Australian dollars)

'Good Gut Cookbook', by Rosemary Stanton, 2nd ed Harper Health \$19.95

'Healthy Cooking' by Rosemary Stanton, Family Circle, Murdoch Books \$19.95

'Busy Body Cookbook' by Catherine Saxelby, Hodder and Stoughton

Australian Women's Weekly 'Low fat Cooking' \$9.95

'Calorie and Fat Counter' by Allan Borushek \$5.95 - An excellent guide to the fat content of common and commercial foods.

Some links to useful information on diets:

The Victorian Healthy Eating Healthy Living program with general information on good eating and exercise habits.

<http://www.healthyeatingclub.com>

National Institutes of Health information on heartburn.

<http://www.niddk.nih.gov/health/digest/pubs/heartbrn/heartbrn.htm>

Nutrition facts and recipes, including information on fibre, by Rosemary Stanton. This site allows you to construct a meal plan and shopping list using healthy recipes.

<http://www.woolworths.com.au>

Dietitians Association of Australia site with information on finding a dietitian.

<http://www.daa.asn.au>