GERD: **G**astro**e**sophageal **R**eflux **D**isease also known as "heartburn", or just "reflux"

**Symptoms:** Typical symptoms include pain in the chest, bad taste in the mouth, or a feeling that liquid/food is coming up into the throat. Can also be associated with cough

# Association with PF::

One study suggested 87% of IPF patients have GERD Many – maybe most- IPF patients who were found to have GERD did not have the typical symptoms

# **Complications caused:**

Maybe makes the disease worse. The concern isn't the reflux itself but "aspiration" – inhaling acid into the lungs. Spilling acid into the lungs may injure the "epithelial" cells that line the lung, increasing the scar formation; scarring then can deform the esophagus, making it open more easily and worsening the reflux.

Some whole body diseases that cause pulmonary fibrosis (such as scleroderma) can also widen the esophagus, which may worsen scarring of the lungs



http://www.mayoclinic.org/diseasesconditio ns/heartburn/multimedia/how-heartburnand-gerd-occur/img-20007555

# **Diagnosis:**

pH study: small probe swallowed into the esophagus, records pH for 24 hours barium swallow: swallow contrast, take an X ray and watch for the contrast to come up the esophagus

\*sometimes watch the act of swallowing as well to look for "aspiration"

# Treatments

<u>"Lifestyle":</u> try to reduce the reflux by avoiding lying down after eating, elevating the head of your bed

Weight loss and elevating the head of the bed have shown benefit in reducing measured acid in clinical trials (see Kaltenbach article. Arch Intern Med. 2006)

Dietary changes don't help in clinical trials – though might help an individual Chocolate seems to open the esophagus more, but no one has tested chocolate elimination!

# Medications:

Antacids: calcium carbonate – make esophagus less acid, may help symptoms Acid reducers:

H2 blockers" famotidine (Pepcid), ranitidine (Zantac), cimetidine (Tagamet) and nizatdine (Axid) – mostly ove rthe counter, work quickly, not as strong as the PPIs

"Proton pump inhibitors (PPIs) omeprazole (Prilosec, Omesec), lansoprazole (Prevacid), esomeprazole (Nexium), and omeprazole-sodium bicarbonate

Prescription only: rabeprazole (AcipHex), pantoprazole (Protonix), and dexlansoprazole (Dexilant, Kapidex) all reduce the acidity of the stomach

Alginic acid and a bicarbonate: (Gaviscon) float on pools of acid in the stomach — may be effective in treating symptoms, never tested in PF.

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<u>Surgery</u>: Surgery can tighten the valve between the esophagus and the stomach, reducing thre reflux. Ongoing study in the West Coast (through U Cal San Francisco to see if surgery helps with pulmonary fibrosis:

Weighing Risks and Benefits of Laparoscopic Anti-Reflux Surgery in Patients With Idiopathic Pulmonary Fibrosis <u>https://clinicaltrials.gov/ct2/show/NCT01982968</u>

### **Obstructive Sleep Apnea**

http://www.nhlbi.nih.gov/health/health-topics/topics/sleepapnea Interruption in breathing from blockage of the airway **Symptoms:** snoring, daytime sleepiness, morning headache

### Association with PF:

Hard to be sure, but seems quite common, and often no symptoms Estimates range 5-91%

### **Complications caused:**

Daytime sleepiness, nighttime low oxygen levels (nocturnal hypoxemia) Strain on right heart Possibly associated with heart attacks, strokes

### Diagnosis:

Overnight oxygen monitoring – overnight "oximetry" Sleep study: Polysomnogram May be done at home with a device you pick up and return If on oxygen at night, need to have the study in a sleep lab (more information obtained in any case) Measures how often you stop breathing (apnea) or slow down breathing enough that your oxygen falls (hypopnea) Gives an "Apnea Hypopnea Index: number of apneas+hypopneas per hour

### Treatment

CPAP: Continuous Positive Airway Pressure Dental devices and surgery don't work as well, though may have some role in certain types of apnea Stick with it!

### Pulmonary Hypertension

High blood pressure in the lungs **Association with PF**:

# Estimates range 10-50% depending on study,

severity May be causes by destruction of blood vessels from fibrosis or low oxygen levels Some people seem to have more severe

pulmonary hypertension; may be a distinct process



http://www.mayoclinic.org/diseasesconditions/obstructive-sleepapnea/multimedia/obstructive-sleepapnea/img-20007685



http://www.pah-info.com/images/fullscreen/large6.jpg

### **Complications caused:**

Low oxygen level, shortness of breath, problems with right heart ("right heart failure") swelling in the legs (edema)

### Diagnosis

Ultrasound of the heart (echocardiogram)

Good for looking at right heart function, but may over or underestimate

Right heart catheterization – small probe directly into the right side if the heart – provides the best measurements of pulmonary pressures, and can also estimate the function of the left side of the heart

Video at the NHLI website: http://www.nhlbi.nih.gov/health/health-topics/topics/cath/during

### Treatment:

Keep oxygen level over 90%

(as we discussed, "hypoxic vasoconstriction" – low oxygen causing tightening of the blood vessels – typically occurs with an oxygen level <90, so we think avoiding low oxygen may help the hypertension.

But the trials that demonstrated a survival benefit in long term oxygen use were done in COPD patients with severely low oxygen; those studies also suggest improved quality of life and clearer thinking. We extrapolate to PF)

Treat sleep apnea

Unclear if medications work for the pulmonary hypertension associated with PF Phosphodiesterase (PDE5) inhibitor. Sildenafil (Revatio), tadalafil (Adcirca)

seem safe, don't seem to help fibrosis, may or may not help the PH Endothelin inhibitors

Bosentan – tested for PFI didn't slow progression, seemed safe Ambrisentan (more specific drug) – seemed to make fibrosis worse.

#### References (an incomplete list; feel free to contact me directly for more articles on a specific topic)

Useful websites:

<u>http://www.mayoclinic.org/diseases-conditions/gerd/basics/definition/con-20025201</u> (I like the Mayo clinic site for basic definitions and illustrations of health conditions)

<u>http://www.nhlbi.nih.gov/health/health-topics</u> - has information about procedures and conditions related to the heart and lungs

### General

Int J Gen Med. 2015 Sep 22;8:309-18. doi: 10.2147/IJGM.S74880. eCollection 2015. Managing comorbidities in idiopathic pulmonary fibrosis. Fulton BG, Ryerson CJ Full text available for free: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4590408/

Eur Respir J. 2015 Oct;46(4):1113-30. doi: 10.1183/13993003.02316-2014. Comorbidities in idiopathic pulmonary fibrosis patients: a systematic literature review. Raghu G, Amatto VC, Behr J, Stowasser S.

# Reflux

Clin Pulm Med. 2014 Mar 1;21(2):81-85.

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The Role of Gastroesophageal Reflux and Microaspiration in Idiopathic Pulmonary Fibrosis. Lee JS Am J Med. 2010 Apr;123(4):304-11. doi: 10.1016/j.amjmed.2009.07.033. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3979481/

Does chronic microaspiration cause idiopathic pulmonary fibrosis? Ann Thorac Med. 2009 Jul-Sep; 4(3): 115–123.

Lee JS, Collard HR, Raghu G, Sweet MP, Hays SR, Campos GM, Golden JA, King TE Jr. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851633/

Pulmonary manifestations of gastroesophageal reflux disease (Mostly about asthma, but has some details) Gajanan S. Gaude <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2714564/</u>

GERD: Diagnosing and treating the burn. Alzubaidi M, Gabbard S Cleve Clin J Med. 2015 Oct;82(10):685-92. doi: 10.3949/ccjm.82a.14138. (look up in Pubmed then follow the link)

Are lifestyle measures effective in patients with gastroesophageal reflux disease? An evidencebased approach. Arch Intern Med. 2006 May 8;166(9):965-71. Kaltenbach T, Crockett S, Gerson LB.

### **Obstructive Sleep Apnea**

Idiopathic pulmonary fibrosis and sleep disorders: no longer strangers in the night Eur Respir Rev. 2015 Jun;24(136):327-39.. Schiza S, Mermigkis C, Margaritopoulos GA, Daniil Z, Harari S, Poletti V, Renzoni EA, Torre O, Visca D, Bouloukaki I, Sourvinos G, Antoniou KM

### **Pulmonary Hypertension**

Treatment of idiopathic pulmonary fibrosis with ambrisentan: a parallel, randomized trial. Ann Intern Med. 2013 May 7;158(9):641-9. doi: 10.7326/0003-4819-158-9-201305070-00003.Raghu G, Behr J, Brown KK, Egan JJ, Kawut SM, Flaherty KR, Martinez FJ, Nathan SD, Wells AU, Collard HR, Costabel U, Richeldi L, de Andrade J, Khalil N, Morrison LD, Lederer DJ, Shao L, Li X, Pedersen PS, Montgomery AB, Chien JW, O'Riordan TG; ARTEMIS-IPF

Pulmonary hypertension in idiopathic pulmonary fibrosis with mild-to-moderate restriction. Raghu G, Nathan SD, Behr J, Brown KK, Egan JJ, Kawut SM, Flaherty KR, Martinez FJ, Wells AU, Shao L, Zhou H, Henig N, Szwarcberg J, Gillies H, Montgomery AB, O'Riordan TG.

Severe pulmonary hypertension in idiopathic nonspecific interstitial pneumonia. Pulm Circ. 2012 Jan-Mar;2(1):101-6. doi: 10.4103/2045-8932.94842. Hallowell RW, Reed RM, Fraig M, Horton MR, Girgis RE.

Pulmonary hypertension in chronic lung diseases.J Am Coll Cardiol. 2013 Dec 24;62(25 Suppl):D109-16. doi: 10.1016/j.jacc.2013.10.036. Seeger W, Adir Y, Barberà JA3, Champion H4, Coghlan JG, Cottin V, De Marco T, Galiè N, Ghio S9, Gibbs S, Martinez FJ, Semigran MJ, Simonneau G, Wells AU, Vachiéry JL15.