

IS WEIGHT REDUCTION THE KEY FACTOR IN CONTROLLING GERD SYMPTOMS IN OBESE PATIENTS?

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PURPOSE:

To assess the effect of weight reduction on GERD symptoms in a population of obese patients being treated in the community with an outpatient Rice Diet (RD) program.

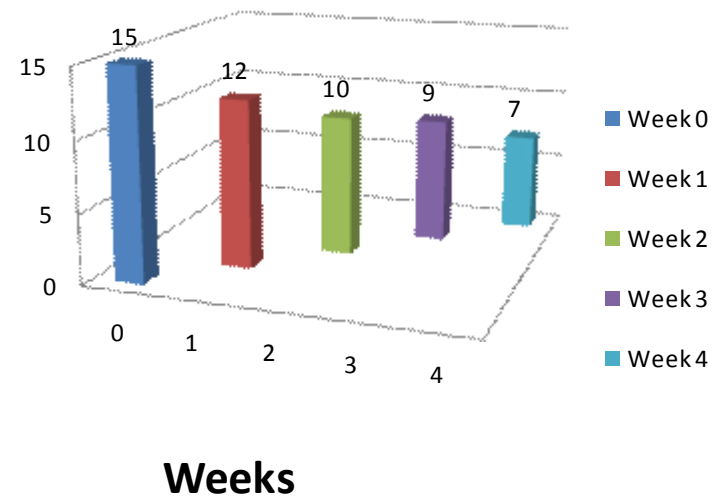
METHODS:

Obese patients were enrolled in a RD program as part of a private gastroenterology practice in Altamonte Springs, FL. They attended weekly group meetings and had private appointments with a single physician (DJS) biweekly. The diet is very low sodium, fat and protein. Patients (pts) filled out weekly questionnaires regarding energy levels, overall well being, sleep habits, bowel status, complaints and degrees of heartburn (HB) and reflux (RF). Patients already on chronic proton pump inhibitor (PPI) therapy were told they could stop their PPIs and take as needed for symptoms.

RESULTS:

50 obese pts with an average BMI=33 were enrolled in a RD program for 1 or more months. 15 / 50 pts were taking daily PPIs for chronic HB or RF symptoms. 2 of them had Barrett's Esophagus. Within 1 week 3 pts noted absence of nocturnal and breakthrough HB and RF, and discontinued their PPIs, despite an average weight loss of only 5 lbs. By the end of 1 month on the RD, 5 more pts were able to stop their PPI, and another 5 decreased the frequency of PPI ingestion. Nocturnal RF and HB were the most improved symptoms. The average weight loss at 1 month was 17.5 lbs, representing only 20-25% of weight loss needed to attain ideal body weight.

Patients on PPIs for GERD symptoms during 4 weeks on RD



CONCLUSIONS:

1. Marked improvement in GERD symptoms began within 1 week of initiating the Rice Diet.
2. A majority (55%) of pts could stop PPI usage and another 33% decreased usage after relatively little weight loss.
3. The low fat, sodium and protein composition of the Rice Diet, as well as the cessation of late night and high fat snacking, may be more important in the reduction of HB and RF symptoms, than the amount of weight lost, since reduction of PPI use occurred after only modest weight loss. Conversely, only modest weight loss may be necessary to decrease symptoms of GERD.