

Heartburn Fast

Nonpharmacologic intervention reduced the incidence of heartburn

Heartburn, also called acid reflux, is a common malady that affects many of us intermittently. But for some people, it can be a daily or near-daily problem.

There are several effective medications including antacids like TUMS, famotidine (Pepcid) which is called an H2 receptor antagonist, and omeprazole (Prilosec) which is a PPI or proton pump inhibitor. Long-term use of the PPI class of medications inhibits the absorption of iron, magnesium, B vitamins, folate, and calcium so it is best to avoid long-term use if possible. But what if we continue to have heartburn? Suffering from heartburn carries its own set of risks. This study examines a simple dietary intervention that may be beneficial for people who suffer from even occasional heartburn.



Abstract

- **Background:** Lifestyle modifications are often suggested, but the role of diet in GERD is unclear. Intermittent fasting is popular in the media and has demonstrated potential benefits with weight loss and inflammatory conditions as well as alterations in gastrointestinal hormones.
- **Study:** Patients who were referred for 96-hour ambulatory wireless pH monitoring off proton pump inhibitor to investigate GERD symptoms were screened for eligibility. Patients were instructed to maintain their baseline diet for the first 2 days of pH monitoring and switch to an intermittent fasting regimen (16 consecutive hour fast and 8 h eating window) for the second 2 days. Objective measures of reflux and GERD symptom severity were collected and analyzed.
- **Results:** A total of 25 participants were analyzed. 9/25 (36%) fully adhered to the intermittent fasting regimen, with 21/25 (84%) demonstrating at least partial compliance. Mean acid exposure time on fasting days was 3.5% versus 4.3% on nonfasting days. Intermittent fasting was associated with a 0.64 reduction in acid exposure time (95% CI: -2.32, 1.05). There was a reduction in GERD symptom scores of heartburn and regurgitation during periods of intermittent fasting (14.3 vs. 9.9; difference of -4.46, 95% CI: -7.6, -1.32).
- **Conclusions:** Initial adherence to time restricted eating may be difficult for patients. There is weak statistical evidence to suggest that intermittent fasting mildly reduces acid exposure. Our data show that short-term intermittent fasting improves symptoms of both regurgitation and heartburn.

Gastroesophageal reflux disease (GERD) occurs when the amount of gastric juice that refluxes into the esophagus exceeds the normal limit, causing symptoms with or without associated esophageal mucosal injury (ie, esophagitis). Typical symptoms include heartburn/chest pain, difficulty swallowing, regurgitation, coughing, and sore throat/hoarseness. We typically advised nonpharmacologic interventions which include avoiding offending foods and alcohol, eating smaller meals, waiting 3 hours after a meal to lie down, and elevating the head of the bed.

This study looked at another intervention, intermittent fasting to see if this would reduce heartburn symptoms. This involved limiting food intake to an 8-hour window. The researchers found a reduction in the duration of acid exposure on pH monitoring as well as a corresponding reduction in heartburn symptoms. This suggests that time-restricted eating may be of benefit to people with heartburn/GERD symptoms. I would still advise avoiding eating close to bedtime when planning the 8-hour window. But if this can keep people from having to take PPI chronically, I will call it a win.

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