



Pills take aim at heartburn's chronic pain

Prilosec, the most common prescription drug for heartburn, switched to over-the-counter sales last week. Here's what you need to know if you are popping the purple pills.

Question: What causes heartburn?

Answer: Despite the sensation of a pain in the middle of the chest, heartburn has nothing to do with the heart. The medical term is gastroesophageal reflux disease, or GERD, alluding to the fluxing of stomach (gastric) contents into the esophagus.

When we swallow food, it passes down a tube called the esophagus and enters the stomach. This stimulates special cells in the lining of the stomach to release strong hydrochloric acid that assists in the normal digestion of protein. The lining of a healthy stomach is protected from this acid by a layer of mucus.

Where the esophagus connects to the top of the stomach, a cluster of muscles closes the opening into the stomach, preventing the acid contents from backing up into the esophagus. When this muscular valve does

not close tightly, acid can "reflux" up into the esophagus and irritate its lining.

This reflux is painful. If it becomes a chronic problem, it can seriously damage the esophagus. Consequently, proper treatment is important.

Q: How is heartburn treated?

A: Some simple things can help, such as eating smaller meals that don't fill up the stomach too much and not lying down or exercising too soon after a meal. Other helpful changes include losing weight if overweight and not smoking.

When simple things don't handle the problem, proper drug therapy can be essential. The usual approach is to take antacids that neutralize the stomach acid or drugs that reduce the amount of acid produced by stomach cells. To work right, acid-production inhibitors such as Prilosec should be taken 30 to 60 minutes before a meal.

Q: Are there any nutritional concerns related to using Prilosec?

A: Chronic use of Prilosec and other drugs that decrease stomach acid prevents the normal absorption of vitamin B-12

from foods. But the vitamin B-12 found in supplements and fortified foods is not dependent on the presence of stomach acid, so those using heartburn drugs should include these sources of B-12 in their diets.

Older people and those with predominantly vegetarian diets are already at higher risk of being B-12 deficient. If they start taking a drug such as Prilosec, they should be especially careful to get a good source of supplemental B-12.

Q: What types of B-12 supplements are best?

A: We haven't found any good medical research to indicate that the sublingual variety of B-12 supplements (those that dissolve under the tongue) are any better than regular pills. The jury is still out on whether it's worth paying more for sublingual varieties.

Researchers studying the effects of Prilosec-like drugs often stress that health-care workers should be aware of the potential for B-12 deficiency. If unnoticed, the consequences of B-12 deficiency can mimic Alzheimer's disease. If caught early, the prevention is simple.

Alan Titchenal, Ph.D., C.N.S. and Joannie Dobbs, Ph.D., C.N.S.
are nutritionists in the Department of Human Nutrition, Food and Animal Sciences,
College of Tropical Agriculture and Human Resources, UH-Manoa.
Dr. Dobbs also works with the University Health Services.
