



GERD - Gastroesophageal reflux disease and driving

What is it?

Gastroesophageal reflux disease (GERD) is the passage of gastric content to the esophagus in the absence of nausea, vomiting or belching. About **one third of the population report occasional symptoms of GERD**. Many self-medicate to improve their quality of life.

The symptoms of burning and regurgitation are the most frequent, but many patients suffer other atypical symptoms such as chest pain, laryngitis, pharyngitis, chronic cough, asthma, cavities, pulmonary symptoms, cervical pain, hiccups, sleep apnea, etc., meaning they do not get sufficient rest, are sleepy all day, struggle to concentrate and are at **greater risk of accidents** than the rest of the population.

Prevention and treatment

The main aim of GERD treatment is to relieve symptoms and ensure that these do not affect the patient's quality of life. They are chiefly based on postural and dietary recommendations tailored based on the symptoms and response of each patient.

When GERD occurs with esophagitis, treatment also aims to heal lesions, as well as preventing complications and relapses.

3 preventive measures



1 Avoid obesity, epigastric pressure caused by belts or tight clothing, bending down quickly, or lying down with your legs up.



Avoid carbonated drinks and foods conducive to acid secretion and LES relaxation, such as coffee, alcohol, fats, spicy food... and any food or drink that is excessively hot or cold.



Raise your head in bed to sleep and do not go to bed immediately after eating.

6 road safety recommendations for GERD



Wear comfortable clothing that is not tight

And do not drive immediately after eating.



2 Stop as required to eat very light meals

With no irritants to the digestive tract and no carbonated drinks.



Do not smoke

It aggravates GERD, distracts the driver and reduces oxygen within the vehicle.



Should symptoms make driving uncomfortable, stop without blocking traffic

Take any prescribed medication provided that it does not interfere with driving, and when the symptoms disappear resume driving.



If you take prokinetic agents

Do so at night to avoid drowsiness.



Do not drive with odynophagia

Esophageal bleeding or a recently diagnosed esophageal peptic ulcer. It is recommended that you do not drive until your doctor says that you can.