

## Information for patients, relatives and carers

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## Introduction

Gastro-oesophageal reflux disease (GORD) is a common condition, where gastric contents (acid) from the stomach leaks up into the oesophagus, causing predominant symptoms of heartburn and acid regurgitation.

Laryngopharyngeal reflux (LPR) which is when acid goes over the upper oesophageal sphincter (UOS) and into the pharynx. LPR can occur with or without any notable symptoms, and when it occurs without symptoms it often causes damage over time. It is also called silent reflux. Symptoms are painless sensation of a lump in the throat (globus sensation), sore throat, voice changes, cough, post-nasal drip.

- You can have both GORD and LPR at the same time.
- Both GORD and LPR can contribute to swallowing difficulties.

It is normal for your stomach to produce acid, but sometimes this acid can hurt your throat or oesophagus or both and damages your vocal cords, lining of your stomach, or top part of your bowel.

You might experience any of these following symptoms or only one:

- heartburn (an uncomfortable pain/ burning sensation in the chest that often occurs after eating, lying down or bending over)
- acid reflux (where stomach acid comes back up into your mouth and causes an unpleasant, sour taste)
- Increased white mucus and phlegm (body's protective reaction to the acid)
- globus symptom (painless sensation of a lump in the throat)/ clearing your throat often, coughing
- bloating and belching
- feeling or being sick (nausea and persistent vomiting)

- unintentional weight loss
- pain when swallowing and/or difficulty of swallowing (dysphagia)

***If you have any of the symptoms, we advise you to contact your GP (General Practitioner)***

## **Dysphagia is the medical term for swallowing difficulties.**

Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all.

Other signs of dysphagia include:

- coughing or choking when eating or drinking
- bringing food or drink back up after swallowing, sometimes through the nose
- a sensation that food is stuck in your throat or chest
- repeated chest infections
- persistent drooling of saliva
- being unable to chew food properly
- a gurgly, wet-sounding voice when eating or drinking
- symptoms such as weight loss

Dysphagia may mean that you avoid eating and drinking due to a fear of the above, which can lead to malnutrition and dehydration.

There is overlap between the symptoms of reflux and dysphagia.

Therefore, it is important you seek support and advice where possible to rule out or obtain an accurate diagnosis and then receive the right care and treatment.

If you have any of the dysphagia symptoms, we advise you to contact your GP and referred to the Speech & Language Therapy (SLT) service for a dysphagia assessment or for further investigation.

## Risk factors

Risk factors for developing gastro-oesophageal reflux disease may include:

Consumption of certain food and drink such as:

- Chocolate
- Peppermint
- Tomato/juice
- Spicy foods (for example, chilli peppers, raw onion, garlic and spices such as cumin, turmeric, ginger and mustard, vinegar, or anything containing vinegar such as salad dressings, salad cream, pickled food)
- Certain fruit, the most common is citrus fruits such as lemons, limes, oranges, grapefruit and their juices.
- Fizzy drinks, alcohol, coffee and caffeinated tea
- Rich or fatty food for example, cream, spreads like margarine and butter, deep fried foods bought or homemade, cream biscuits, cakes, cheeses like brie
  - Stress and anxiety
  - Obesity
  - Pregnancy
  - Diagnosis of hiatus hernia

## Lifestyle recommendations to help manage reflux:

- avoid eating large meals two to three hours before lying down, but if you still have larger meals, consuming your largest meal midday instead of at night.
- reducing your alcohol intake is important for your health. The Department of Health provides recommendations on your daily limit of alcohol, please visit their website for further information: <https://www.health-ni.gov.uk/news/new-alcohol-guidelines-launched>
- try to cut down or stop smoking especially around mealtimes. Please see your nurse or doctor if you need support or advice to help you with this.
- keep a diary for a few days when you have symptoms. This will help you to see if there are certain foods. Avoid these if possible but ensure not to restrict your intake too much or miss out whole food groups.
- don't wear tight fitting clothes around your stomach, for example tight trousers or belts.
- you should avoid bending, lifting, or lying down for two to three hours following meals as this may cause symptoms.
- try to sit down during and after eating or drinking and sit upright, preferably at a table, to eat your meals.
- sleep propped up with a pillow, raise one end of your bed 10 to 20cm by putting something under your bed or mattress. Your chest and head should be above the level of your waist, so stomach acid does not travel up towards your throat (in a semi-upright position unless advised not to by your doctor or physiotherapist)
- limit or reduce stress. If you need support, ask for help from your local mental health service.
- Try to avoid risk factors as per above to prevent developing reflux symptoms

# Dietary management to help manage reflux

Tips for food which may help and how to have a balanced diet and manage reflux:

\*Please note if you have been advised a texture modified diet due to dysphagia, please contact your Speech and Language Therapist.

People suffering with acid reflux are recommended to follow ‘low in fat’, but high in carbohydrate and protein.

There are guidelines around nutritional claims such as ‘low in fat’:

‘Low in fat’ = 3g or less per 100g

Traffic lights for fat per 100g is shown below:

	Low	Medium	High
Fat	3g or less	3g to 17.5g	17.5g or more

A product which is ‘red’ for fat should be eaten with caution due to the reflux symptoms it may cause. We should be aiming to eat more green and amber products, so ensure to look at the labels of food.

## Protein / dairy sources:

Lean meat: chicken, turkey, lamb, beef, fish/seafood and lean pork

Eggs

Low fat dairy products: milk, dried milk powder, cheese, cottage cheese, yoghurt

Legumes/pulses: black beans, kidney beans, yellow peas, lentils, chickpeas

Meat alternatives: tofu, Quorn, edamame, tempeh, seitan

Nuts are good sources of protein, healthy fats, fibres, vitamins, and minerals: hazelnut, cashew nut, pistachio, walnut, almond, pecans, peanut

## Carbohydrate sources:

Pasta

Rice

Couscous

Potatoes

Porridge, cereal, semolina,

Oatmeal, Weetabix

Bagel

## Fruit:

Noncitric fruit (likely manageable: red apple, peach, pear, melon, watermelon, banana, berries such as blueberries, raspberry, strawberry, grapes)

## Vegetables:

Can be varied vegetables daily, depends on patient's tolerance and preferences.

## Snacks ideas:

Crackers with any type of nut butter

Baked crisps

Cookies

Pretzel

Peanut butter on toast

Rice or corn cake with peanut butter or cottage cheese

Ice cream (normal or vegan)

Rice pudding

Custard

Trifle

Mousse

There might be a risk when suffering with reflux which means a person may struggle to achieve an adequate or balanced dietary intake and are unable to maintain their daily nutritional needs, because of the pain and discomfort associated with eating. As a result, these symptoms can lead to malnutrition. Please see the following tips how to manage reflux and reduce the risk of malnutrition.

### What can be done to help to reduce symptoms and gain weight if you have GORD?

Making small changes to your diet and eating patterns may help to reduce the symptoms of acid reflux, indigestion, and heartburn. Here are some suggestions:

- eating more frequent meals and snacks throughout the day (six to eight small meals instead of three)
- reduce low calorie drinks and replace with homemade nourishing liquid such as semi-skimmed milk or milkshakes based on semi-skimmed milk
- aim for a diet which moderate or '**low in fat**', high in carbohydrate and protein (if you are diabetic consult with your healthcare professional)

### Fortified milk:

Mix two to four tablespoons dried milk powder to one pint semi-skimmed milk.

Use in:

- Cereals, porridge, muesli, Weetabix, shredded wheat
- Hot drinks including malted drinks and hot chocolate
- Sweet and savoury sauces
- Making up packet soups
- Hot puddings



### Supershake (makes one portion)

**Ingredients:** 200ml semi-skimmed milk, two tablespoons dried milk powder, three heaped teaspoons vitamin fortified milkshake powder (for example, Nesquik or supermarket own brand) **Directions:** Mix dried milk powder and milkshake powder together in a glass. Gradually add in the milk and stir well **270 kcal, 14.1g protein**

### Supersoup (makes one portion)

**Ingredients:** one sachet of cup a soup (Cup a Soup Chicken and Vegetable with Croutons), one tablespoon dried milk powder, 200ml semi-skimmed milk. A little boiling water **Directions:** Mix the cup a soup sachet contents and dried milk powder with a little boiling water to dissolve. Heat the milk and stir in gradually until dissolved **280 kcal, 11.6g protein**

### Booster smoothie (makes one portion)

**Ingredients:** Handful of soft fruit (50g mango), two scoops vanilla ice cream (100g), 100ml semi-skimmed milk, 20ml flavoured sauce, one tablespoon of dried milk powder. **Directions:** Mix in a blender **410 kcal, 11.3g protein**

### Menu idea - 2000 kcal:

**Breakfast:** vegetable omelette: two eggs, six pieces of mushrooms, one cup (205 grams) of sautéed sweet potatoes, one tablespoon of olive oil = **515kcal, 15g protein**

**Snack:** banana with peanut butter one small banana, one tablespoon of peanut butter = **172kcal, 4.88g protein**

**Lunch:** tuna sandwich one slice of whole wheat bread, half can large size tuna = **285 kcal, 41.5g protein**

**Snack:** cheese and crackers one cheese string, five pieces (25g) of crackers  
= 174 kcal, 2.1g protein

**Dinner:** chicken and broccoli stir-fry (120 grams) of chicken, 100 grams of broccoli, half cup (82 grams) of cooked rice, fresh seasoning such as thyme or basil = 446kcal, 30.8g protein

**Late evening snack:** Booster smoothie = 410kcal, 11.3g protein

## Getting help:

If you notice changes to your own swallow (eating / drinking), or that of an individual you support or care for, please contact your local Speech and Language Therapy Team for advice.

**Doncaster Speech and Language Therapy Service**  
01302 796336

If you notice a reduction in appetite or weight, or that of an individual you support or care for, please contact your local Dietetic Team for advice.

**Doncaster Dietetic Service**  
01302 796410/ 03000211555

**Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust**  
**Dietitians**

Telephone: 01302 642742 Email: [dbh-tr.dietetics@nhs.net](mailto:dbh-tr.dietetics@nhs.net)

**Adult Learning Disability Team Speech and Language Therapy Service**  
01302 796467

## References

[\\*NICE April/ 2017](#)



[\\*BDA Critical Care - I have indigestion](#)



[\\*BDA Reflux Disease](#)



<https://www.nhs.uk/conditions/swallowing-problems-dysphagia/>

<https://www.bda.uk.com/resource/fat.html#:~:text=%27Low%20in%20fat%27%20%E2%80%93%203g,g%20or%20less%20per%20100g>

<https://www.bfwh.nhs.uk/wp-content/uploads/2016/04/BDA-Alcohol.pdf>

<https://www.fitbit.com/foods/Semi-Skimmed+Milk/537168343>

<https://nutrientoptimiser.com/nutritional-value-milk-dry-whole-without-added-vitamin-d/>

<https://www.carbmanager.com/food-detail/md:e89a55da484494177803c9efc6ce5f52/nesquik-chocolate-milk-powder>

If you would like this in large print, braille or on audiotape or would like this document in an alternative language, please contact the Patient Advice and Liaison Service on 0800 015 4334.

#### Amharic

ይህንን ሰነድ በግልጽ እንዲታይ በብሬል ተጽፎ ወይም በቲፕ ተተክሎ ወይም በሌላ ቋንቋ ተጽፎ ለማየት የሚፈልጉ ከሆነ የሰላምና ግንኙነት አገልግሎትን በዚህ ቁጥር 0800 015 4334 ደውለው ያነጋግሩ።

#### Arabic

إذا أردت الحصول على هذه الوثيقة بالخط الكبير أو بلغة برايل أو على هيئة شريط صوتي أو مترجمة إلى لغة بديلة فيرجى الاتصال بخدمة التنسيق ونصيحة المرضى Patient Advice and Liaison Service على رقم الهاتف 0800 015 4334 .

#### Bengali

আপনি যদি এটা বড় অক্ষরের ছাপায়, ব্রেইল-এ, বা কোন শোনার টেইপ-এ পেতে চান অথবা আপনি যদি এই কাগজটা অন্য কোন ভাষায় পেতে চান, তাহলে দয়া করে 0800 015 4334 নম্বরে পেশেন্ট এ্যাড্‌লাইস এন্ড লিয়েজঁ সার্ভিসের সাথে যোগাযোগ করবেন।

#### Cantonese (traditional Chinese)

如果你希望本文件是采用大字印刷、盲文或录音磁带等格式，或者希望本文件是使用其它的语言，请联络病患建议与联络服务（Patient Advice and Liaison Service），电话号码：0800 015 4334。

#### Czech

Pokud byste chtěli dokument psaný většími písmeny, brailovým písmem nebo na zvukové kazetě nebo v jiném jazyku, prosím, kontaktujte poradenskou službu pacientům na tel. 0800 015 4334.

#### Farsi

در صورت تمایل به داشتن این سند به نسخه ای با چاپ درشت تر، به خط بریل یا نسخه صوتی، یا به زبانی دیگر، لطفاً با دفتر خدمات مشاوره و هماهنگی بیماران به شماره تلفن ۰۸۰۰۰۱۵۴۳۳۴ تماس حاصل نمایید.

#### French

Si vous désirez ce document en gros caractères, en braille, enregistré sur cassette audio ou dans une autre langue, veuillez contacter le service de conseils et liaison des patients (Patients Advice and Liaison Service) au 0800 015 4334.

#### Kurdish Sorani

ئێمگەر ئێوە زانیاریاته به چاڵی گهواره، برائیل یان لاسهر شریتی دهنگی دهخوازیت بایخود ئێم به لایهنگامیبه به زانیاریکی دیکه دهخوازیت، تکهیه پاموهندی بکه به خزمهتگوزاری زانیایی و هاوئاهاهنگی نهموشهوه به ژماره 0800 015 4334.

#### Polish

Jezeli dokument wymagany jest w wersji drukowanej dużą czcionką lub alfabetem Braille'a, na kasecie audio lub w innym języku, prosimy o kontakt z zespołem ds. kontaktów z pacjentami (Patient Advice and Liaison Service) pod numerem telefonu 0800 015 4334.

#### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਨੂੰ ਵੱਡੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਜਾਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ ਰਚਦੇ ਹੋ ਜਾਂ ਇਸ ਸਮਝਾਵਣ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਰਚਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਹਾਇਤਾ ਸੇਵਾ ਨਾਲੋਂ ਟਾਲ-ਮੇਲ ਸੇਵਾ (Patient Advice and Liaison Service) ਨਾਲ 0800 015 4334 ਤੇ ਸੰਪਰਕ ਕਰੋ।

#### Somali

Haddii aad jeclaan lahayd in aad ka ku hesho far waaweyn, farta braille ee dadka indhaha la' ama cajalad dhegeysi ah ama haddii aad jeclaan lahayd in aad dukumeentigan ku hesho luqad kale, fadlan Adeegga Talobixinta iyo Xiriirinta ee Bukaaneleyda (Patient Advice and Liaison Service) kala soo xiriir lambarka 0800 015 4334.

#### Turkish

Bu belgeyi büyük yazı, braille (kör alfabesi) veya ses kaydı olarak veya başka bir dilde almak istiyorsanız, lütfen 0800 015 4334 no.lu telefondan Hasta Danışmanlık ve İrtibat Hizmetleri ile bağlantıya geçiniz.

#### Urdu

اگر آپ یہ بری جی پی ٹی، بریل میں یا صوتی ٹیپ پر حاصل کرنا چاہیں یا یہ دستاویز کسی قبول زبان میں چاہیں تو براۓ کرم پیٹنٹ ایڈوائس اینڈ لیاؤن سروس سے 0800 015 4334 پر رابطہ کریں۔

#### Vietnamese

Nếu muốn có tài liệu này dưới dạng in chữ cỡ lớn hơn, chữ nổi braille hay bằng ghi âm, hoặc bằng một ngôn ngữ khác, xin quý vị liên hệ bộ phận Dịch vụ Tư vấn và Liên lạc với Bệnh nhân theo số 0800 015 4334.

This information is correct at the time of publishing.

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