Healthcare is selfcare.
THE PODCAST

Transcript - Episode 6: Feel the (heart)burn.

Aloysius Ballard *Host* **Eric Plott, MD** *Gastroenterologist*

Ballard: If there's one thing we've learned it's that taking care of ourselves is key. And there are a lot of ways to do that. Selfcare has come to mean taking time for the things that make us happy, for the things that make us feel good, and for the things that keep us healthy. Healthcare is Selfcare: The Podcast presented by Singer River Health System focuses on candid conversations with medical professionals aimed at improving health and saving lives. So sit back, grab a cup of coffee, and prioritize you.

Welcome to this episode of Healthcare is Selfcare: The Podcast. I am your host, Aloysius Ballard and I am excited to have another great guest here today. Go ahead and introduce yourself.

Plott: Hey, good afternoon. My name's Eric Plott. I'm a physician and gastroenterologist, and I'm primarily at Singing River Gulfport.

Ballard: All right, Dr. Plott. Thank you for joining the pod today. We're going to have a candid conversation about acid reflux. Sounds like it's right in your wheelhouse, right? So, let's talk about what is acid reflux? What's your definition or what would you say acid reflux is?

Plott: So, there's a little bit of gray area. People talk about heartburn and often it is said in the same way—heartburn and reflux are not exactly the same thing—heartburn is more of a symptom, you might say. It's the way I feel when, usually after I eat, I get a discomfort or a burning sensation in the middle of my chest. The phrase people use is substernal, the burning substernal chest pain, but not much more than that. And usually someone with experience will treat this with TUMs or Rolaids or some such, and it'll go away pretty quickly. So that's heartburn.

Beyond that, if you have, let's say, more troublesome symptoms—the sense that something is rolling up in the back of your throat or a burning sensation in the top of your throat, cough, even nausea, sometimes bitter taste in your mouth, that kind of thing. That's more consistent with GERD or gastroesophageal reflux disease. And it implies that stuff is coming out of your stomach—stuff that should be staying in your stomach—and rolling up into esophagus and even up again in the back of your throat. So that's GERD. And again, while the two are a little different, they seem to sort of roll together.

Ballard: That sounds painful.

Plott: Yeah. Ironically enough, I have it myself, and I can say from personal experience, it is. And most people have heartburn from time to time, but GERD affects probably 10-20% of the population in the West. It seems to be less prevalent in Asia. Not so clear why that's the case. Maybe we complain more? I don't know. But yeah, it is pretty uncomfortable.

Ballard: Now, let's talk about some of the causes of these symptoms of acid reflux or you know, you mentioned GERD. What is the root of why we end up with these scenarios?

Plott: So, if you believe you have esophageal reflux, one of the things that we would want to be able to either show through clinical symptoms, or prove through measurement, is that you are getting acid in your esophagus—so acid is produced in the stomach. It's—no kidding—hydrochloric acid

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produced by a particular cell population in the stomach and gets used to begin breaking down food.

When you eat—and the act of eating again will cause that stimulation—it also causes increased secretion in the stomach. So that increases pressure in the stomach. And the idea or the design is that the stomach should take whatever you put into it, crush it up a bit, grind it, mix it with some acid and some other enzymes and begin pushing things downstream.

So you get a lot of pumping action going. You have increased pressure in the stomach. The downstream opening from the stomach should open up and allow that stuff to go downstream. But in many cases, for many folks—folks with esophageal reflux—what you get instead, or in addition to, is that the opening of the lower esophagus, rather than clamping down like it should to keep stuff in the stomach, will allow a reverse pressure gradient and stuff will come back up into the esophagus in addition to going downstream. So that's reflux. See...that's what the word means: coming backwards or going backwards.

If that stuff that's coming back is noxious, it's acidic, for instance, you're going to feel that. The stomach is built to handle that acidic content. The esophagus is not built to handle that acidic content. For many people, you're going to feel it and it'll have that sort of classic burning sensation for most.

A lot of people will report other things, a sense of just general discomfort, maybe not a burning discomfort, an achy sensation or full sensation. Sometimes we hear people say things even that don't necessarily make sense from a physiologic standpoint. They'll say a sense of something wrong and like they can't describe it well. Or sometimes you get shoulder pain or so-called referred pain. There's a lot of things that seem to go along with esophageal reflux and that will often maybe not make sense, but they will respond to treatment for reflux.

Ballard: I want to make sure our listeners are understanding what you just said. So you broke it down. That reflux is reverse. So it's simply acid moving in reverse. Instead of going downward, we see the acids start to come up our esophagus, which is not built, in your words, for the type of acid that our stomach linings are used to—or built to—withstand. So, when we see these reflux situations happening, it sounds like you need to really seek medical treatment.

Plott: Yeah, you called it there, you try to stratify how severe this is and a sort of generally agreed-upon cut point is, if you're having symptoms more than a couple of times a week, that's troublesome reflux and reflux that probably should be treated more aggressively than just every now and again. As you said, like with Tums or something over the counter.

There are I mean, there's a pretty robust pharmacologic therapy regimen that you can pursue in somebody with various levels of reflux. But it's useful to talk to a doctor in that circumstance. And usually you can start with your primary care doctor. Most folks won't end up needing to come see a gastroenterologist. Most folks can get some help at the primary care level and control this over time.

But yes, more than a couple of times a week, if you find yourself—I can't tell you how many people I've talked to who tell me, "I take a bottle of Tums every week and, you know, I'm working on it every day." And doing that, first of all, is I have stopped short of saying dangerous necessarily...it's just not a good idea because it's not going to control the overall symptoms and it's not going to control or prevent some of the nasty stuff that you can get from untreated reflux long term. And in taking that much calcium and magnesium is probably a bad idea, too.

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Ballard: Now, a lot of times in the South, primarily, we love our food. It's a lifelong relationship. Some of those foods are not the friendliest of situations as far as digestion goes. What are some foods that you commonly see that relate to triggers, as they say, of acid reflux?

Plott: Yeah, man, it's everything that you love. Spicy foods are often triggers for some folks, and it's variable from person to person. What type of spice, but particularly hot spices, particularly red sauces, fatty foods, fried breaded foods. Dairy can be a trigger for some folks. Volume matters so if you're eating your fill, so to speak, at every meal, that increases that pressure gradient that we talked about and it's going to make it more likely that you'll have reflux episodes.

Plott: So, sort of the opposite of that is smart in terms of volume. No more than a handful or a handful and a half at any particular meal can help to prevent reflux-type symptoms.

And I don't tend to be an all or nothing sort of person. You know, there does seem to be a relationship between caffeine and reflux symptoms. So, what I tell people is if you want a cup of coffee or Coca-Cola, have one, but maybe don't have three or five or, you know, a lot more like some folks do. If you want a cup of tea or a glass of tea, take a glass of tea. But maybe don't keep one all day long, so to speak.

And pay attention to what your triggers are. It's quite different from person to person or seems to be. So, if you notice that something triggers you just about every time, then you know, it's a risk-benefit question. If you know what's going to happen and you do it anyway, then, well, it's going to keep happening.

Ballard: So, let's recap real quick because I want someone listening to understand the difference between knowing when to go get something over the counter and when they should take it a little bit more seriously so that they can be knowledgeable on the difference and when they should see someone like you.

Plott: So, if you are having symptoms almost exclusively after you eat, if it's only happening once or twice a week, if it responds pretty well to some kind of an over-the-counter antacid (Tums, Maalox, Mylanta), then probably you're experiencing occasional heartburn. Probably, it's reasonable to keep treating that at home.

If you're having symptoms, both after you eat and at other times during the day—seemingly random times during the day—and it's worse when you lie down, and it's worse when you know—we have a lot of folks that keep gardens—it's worse when you bend over to work your garden or to do other things—anything that that sort of list roll back up in your esophagus—if that's the case, then it's worthwhile to talk to your doctor about, is there something a little more aggressive we could do medicine-wise to help control this and maybe to prevent it.

If it is debilitating to the point that it's keeping you from doing things. If you're beginning to notice that when you try to swallow food seems to stick or hitch or catch in your esophagus, those are clear alarm features. And that's for sure that you need to go talk with your doctor about what's going on. He or she can help you get to the right place to get some help for that.

Ballard: Now, how can people get in touch with you?

Plott: So, my office is at Singer River Gulfport. Our number is to 228-575-7104. You can call us anytime. We don't require a referral to get in to see us. I should say some insurance carriers will require a referral, but we don't and we can help you work through that one way or the other. So, just call, we'll figure out where you're at. We'll make sure that your primary care doc knows you're coming or we'll send all of that stuff back and we'll help you go through the whole process.

Ballard: Now, doc, before I let you get out of here, I want to ask you a couple of questions, okay?

Plott: Sure.

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Ballard: What do you do for your healthcare selfcare outside of work?

Plott: So, I do a lot of exercise. You know, I run and do that kind of thing. That's my primary thing. I like walking and so on. I like being outside.

Ballard: So, while you're running, are you a music listener? What is your vibe now?

Plott: Well, I do like music, but I tend to listen to books. I have a hard time finding time to sit down and read books. I have an app that lets me download and listen to books, sort of like books on tape. And that's what I do when I'm driving and doing everything out there.

Ballard: So, do you prefer a book to music?

Plott: I don't know if I can say that I prefer, but that's what I tend to do. So maybe, I mean, maybe it is. Yeah.

Ballard: Now, if you can share what are you currently listening to? What book has your attention right now?

Plott: I think it would show my age or my mental age. I'm listening to the Gulag Archipelago, Alexander Solzhenitsyn. It's a book about the forced labor camps in the Soviet Union during the time of Stalin and Khrushchev.

Ballard: How did you get into your field of medicine?

Plott: Medicine in general, I guess I'd have to say I was inspired to it. My background is in mechanical engineering. I spent many years in the Air Force. Initially, I was an engineer, a mechanical engineer, and did processing in launching of spacecraft. My father in law was a doctor and through that relationship sort of became inspired to do something different and started a little late. I started medical school when I was 31 and I'm older now, but it doesn't seem like that long ago. But it was an inspiration, I suppose you'd have to say.

The thing that often people will ask, "Why did you decide to be a gastroenterologist?" And the answer there I think, is that there's a lot of gadgetry, so there's a lot of being able to test and measure and see things objectively and there's a lot of opportunity to do that in this particular field. So you can look at things. You can measure things.

And GI is probably the most common reason people come to the doctor—with stomach pain and that kind of thing—so you get a real opportunity to help people. And it's surprising what's important. "My belly hurts all the time. I can't go to the bathroom." Or that kind of stuff. People are so grateful when you get to the bottom of that and help.

Ballard: That was good. I think you kind of answered my next question because I wanted to know what's your favorite part about being a doctor?

Plott: Yeah, that's it. It's fun. I know that sometimes maybe that doesn't sound exactly right, but it's a great way to spend your day. If you can meet people—I get to meet hundreds and hundreds of people every month—and I know people that I didn't meet before. And there's lots of experiences that you hear, and you get to spend time talking which is, you know, one of my favorite things to do. And you get an opportunity to define things. People allow a doctor into their space, right? They allow you into their most personal thoughts they allow you—if you're any good at it—they'll allow you to help. And that's just very, very satisfying. It's a great way to spend a career, I think.

Ballard: I thank you for coming to the podcast today and sharing your time with us. If you are listening to this and you hear something that you know you need to have checked out, please feel free to call Dr. Plott in his office and we will get you set up. Thank you, Dr. Plott. It's been great having on the podcast, so thank you for listening to this episode of the podcast.