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GASTRITIS

Gastritis is a term used to describe a group of conditions with one thing in common: inflammation of the lining of your stomach. The inflammation of gastritis is often the result of infection with the same bacterium that causes most stomach ulcers. However, other factors— such as traumatic injury, regular use of certain pain relievers or drinking too much alcohol—also can contribute to gastritis.

Gastritis may occur suddenly (acute gastritis) or it can occur slowly over time (chronic gastritis). In some cases, gastritis can lead to ulcers and an increased risk of stomach cancer. For most people, however, gastritis isn't serious and improves quickly with treatment.

The signs and symptoms of gastritis include:

- A gnawing or burning ache or pain (indigestion) in the upper abdomen that may become worse or better with eating
- A feeling of fullness in your upper abdomen after eating
- Belching or bloating
- Nausea
- Vomiting
- Loss of appetite
- Weight loss

Acute gastritis occurs suddenly and is more likely to cause nausea and burning pain or discomfort in your upper abdomen.

Chronic gastritis develops gradually and is more likely to cause a dull pain and a feeling of fullness or loss of appetite after a few bites of food. For many people, though, chronic gastritis causes no signs or symptoms at all.

Occasionally, gastritis may cause stomach bleeding, although it's rarely severe. But be aware that bleeding in your stomach that causes you to vomit blood or pass black, tarry stools requires immediate medical care.

When to see a doctor

Nearly everyone has experienced a bout of indigestion and stomach irritation. Most cases of indigestion are short-lived and don't require medical care. But if you experience signs and symptoms of gastritis consistently for a week or longer, see your doctor. And be sure to tell your doctor if you experience stomach problems after taking any prescription or over-the-counter drugs, especially aspirin or other pain relievers.

If you are vomiting blood or have blood in your stools, see your doctor right away to determine the cause.

Causes

Gastritis usually develops when your stomach's protective layer becomes weakened or damaged. A mucus-lined barrier protects the walls of your stomach from the acids that help digest your food. Weaknesses in the barrier allow your digestive juices to damage and inflame your stomach lining.

A number of factors can contribute to or trigger gastritis, including:

Bacterial infection. People infected with *Helicobacter pylori* can experience gastritis—most commonly chronic gastritis. Half the world's population is thought to be infected with this bacterium, which passes from person to person. But the majority of those infected don't experience any complications of *H. pylori* infection. In some people, *H. pylori* may break down the stomach's inner protective coating, causing changes in the stomach's lining. The reason why some people experience complications from *H. pylori* infection and others don't isn't clear. However, doctors believe vulnerability to the bacterium could be inherited or it could be caused by lifestyle choices, such as smoking and high stress levels.

Regular use of pain relievers. Nonsteroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen (Advil, Motrin, others) and naproxen (Aleve), can cause both acute gastritis and chronic gastritis. Using these drugs regularly or taking too much of these drugs may reduce a key substance that helps preserve the protective lining of your stomach. Stomach problems are less likely to develop if you take NSAIDs only occasionally.

Excessive alcohol use. Alcohol can irritate and erode your stomach lining, which makes your stomach more vulnerable to digestive juices. Excessive alcohol use is more likely to cause acute gastritis.

Stress. Severe stress due to major surgery, traumatic injury, burns or severe infections can cause acute gastritis.

Bile reflux disease. Bile—a fluid that helps you digest fats—is produced in your liver and stored in your gallbladder. When it's released from the gallbladder, bile travels to your small intestine through a series of thin tubes. Normally, a ring-like sphincter muscle (pyloric valve) prevents bile from flowing into your stomach from your small intestine. But if this valve doesn't work properly, or if it has been removed because of surgery, bile can flow into your stomach, leading to inflammation and chronic gastritis.

Your own body attacking cells in your stomach. Called *autoimmune gastritis*, this rare condition occurs when your body attacks the cells that make up your stomach lining. This produces a reaction by your immune system that can wear away at your stomach's protective barrier. Autoimmune gastritis is more common in people with other autoimmune disorders, including Hashimoto's disease, Addison's disease and type 1 diabetes. Autoimmune gastritis can also be associated with vitamin B-12 deficiency.

Other diseases and conditions. Gastritis may be associated with other medical conditions, including HIV/AIDS, Crohn's disease, parasitic infections, some connective tissue disorders, and liver or kidney failure.

Risk factors

Factors that may increase your risk of gastritis include:

H. pylori infection. The most significant risk factor for gastritis is infection with H. pylori bacteria. Though it's thought to occur in half the world's population, H. pylori infection is most common in developing countries. Most people have no signs or symptoms of H. pylori infection.

Regular use of aspirin or other NSAIDs. If you regularly take aspirin to prevent a heart attack or stroke, you're at risk of developing gastritis. The same is true if you take anti-inflammatory pain relievers for arthritis or another chronic condition. That's because long-term use of aspirin and other NSAIDs can cause stomach irritation and bleeding.

Older age. Older adults have an increased risk of gastritis because the stomach lining tends to thin with age and because older adults are more likely to have H. pylori infection or autoimmune disorders than younger people are.

Complications

Left untreated, gastritis may lead to stomach ulcers and stomach bleeding. Some forms of chronic gastritis may increase your risk of stomach cancer, especially if you have extensive thinning of the stomach lining and changes in the lining's cells. Tell your doctor if your signs and symptoms aren't improving despite treatment for gastritis.

Treatments and drugs

Treatment of gastritis depends on the specific cause. Acute gastritis caused by NSAIDs or alcohol may be relieved by stopping use of those substances. Chronic gastritis caused by H. pylori infection is treated by eradicating the bacteria.. Most gastritis treatment plans also incorporate medications that treat stomach acid in order to reduce signs and symptoms you're experiencing and promote healing in your stomach.

Medications to treat stomach acid

Stomach acid irritates inflamed tissue in your stomach, causing pain and further inflammation. That's why, for most types of gastritis, treatment involves taking drugs to reduce or neutralize stomach acid, such as:

Antacids. Over-the-counter antacids (Maalox, Mylanta, others) in liquid or tablet form are a common treatment for mild gastritis. Antacids neutralize stomach acid and can provide fast pain relief.

Acid blockers. When antacids don't provide enough relief, your doctor may recommend a medication, such as cimetidine (Tagamet), ranitidine (Zantac), nizatidine (Axid) or famotidine (Pepcid), that helps reduce the amount of acid your stomach produces.

Medications to shut down acid 'pumps.' Medications called proton pump inhibitors reduce acid by blocking the action of tiny pumps within the acid-secreting cells of your stomach. This class of medications includes omeprazole (Prilosec), lansoprazole (Prevacid), rabeprazole (Aciphex) and esomeprazole (Nexium).

Medications to treat H. pylori. Doctors use several regimens to treat H. Pylori infection. Most use a combination of two antibiotics and a proton pump inhibitor. Sometimes bismuth (Pepto-Bismol) is added to the mix. The antibiotics help destroy the bacteria, and the proton pump inhibitor relieves pain and nausea, heals inflammation and may increase the antibiotics' effectiveness. To ensure that H. pylori has been eliminated, your doctor may test you again after treatment.

Lifestyle and home remedies

Digestive problems can occur for many reasons, including lifestyle choices you can control. In general, to keep your digestive system healthy, doctors recommend that you:

Practice good eating habits. Just as important as what you eat is the manner in which you eat. Eat moderate portions, eat at regular times and relax while you eat.

Maintain a healthy weight. Digestive problems can occur no matter what your weight. But heartburn, bloating and constipation tend to be more common in people who are overweight. Maintaining a healthy weight can often help prevent or reduce these symptoms.

Get plenty of exercise. Aerobic exercise that increases your breathing and heart rate also stimulates the activity of intestinal muscles, helping to move food waste through your intestines more quickly. It's best to aim for at least 30 minutes of aerobic activity most days of the week. Check with your doctor before you begin an exercise program.

Manage stress. Stress increases your risk of heart attack and stroke, dampens your immune system, and can trigger or aggravate skin problems. It also increases stomach acid production and slows digestion. Because stress is unavoidable for most people, the key is to learn to handle it effectively—a task that's made easier by a nutritious diet, adequate rest, regular exercise and healthy ways to relax. If you have trouble relaxing, consider taking up meditation or studying yoga or tai chi. These disciplines can help focus your mind, calm your anxieties and reduce physical tension. In addition, therapeutic massage may loosen taut muscles and calm frazzled nerves.

Prevention

Although you can't always prevent H. pylori infection, these suggestions can help reduce your risk of gastritis:

Eat smart. If you experience frequent indigestion, eat smaller, more frequent meals to help ease the effects of stomach acid. In addition, avoid any foods you find irritating, especially those that are spicy, acidic, fried or fatty. While taking these steps can reduce the signs and symptoms you experience, they can't prevent gastritis.

Limit or avoid alcohol. Excessive use of alcohol can irritate and erode the mucous lining of your stomach, causing inflammation and bleeding.

Don't smoke. Smoking interferes with the protective lining of the stomach, making your stomach more susceptible to gastritis as well as ulcers. Smoking also increases stomach acid, delays stomach healing and is a leading risk factor for stomach cancer. Still, stopping isn't easy, especially if you've smoked for years. Talk to your doctor about methods that may help you stop smoking.

Switch pain relievers. If possible, avoid taking NSAIDs— aspirin, ibuprofen and naproxen. These over-the-counter medications can cause stomach inflammation or make existing irritation worse. Instead, switch to pain relievers containing acetaminophen.

Follow your doctor's recommendations. Your doctor may recommend that you take an over-the-counter antacid or acid blocker to help prevent recurring gastritis.