

Patient X arrived at the emergency room complaining of severe pain in the center of his chest. The ER nurse took the following history. The patient's father died at age 67 from a massive coronary. The patient is a 47 year old male with no history of heart disease. The patient is hypertensive and takes a beta-blocker, a diuretic and a cholesterol-lowering medication. The patient works in a high pressure start-up company. The pain began shortly after the patient ate dinner (spicy Central American fried pork dish). The doctor ordered an EKG and blood work. Neither test result indicated a heart attack or damage to the heart.

The doctor met with the patient to discuss the findings. She asked the patient if they had ever experienced heart burn or sour stomach. The patient replied in the affirmative. The doctor suggested that the patient had a case of heart burn or possibly GERD (gastroesophageal reflux disease). She explained that this disease was caused by stomach acid splashing into the esophagus and causing damage to the lining of the esophagus. She continued that this was a serious condition because chronic irritation of this region of the esophagus was linked to Barrett's esophagus which can lead to cancer of the esophagus. She prescribed an over-the-counter acid reducer and recommended that the patient follow-up with a gastroenterologist.

Three weeks later the patient met with a gastroenterologist who performed an upper GI series and confirmed the patient had GERD. The doctor made several recommendations including that the patient lose about 20 pounds. The patient should not eat within 3 hours of bedtime. The patient should eat smaller meals and to eat more frequently. The patient was told to avoid foods that seemed to cause the pain and to sleep on a bed inclined by at least 6 inches (raise the headboard 6 inches). The doctor also prescribed a 6-month treatment of omeprazole. Omeprazole is one a family of drugs known proton pump inhibitors. The drug acts upon the parietal cells of the stomach and decreases stomach acid production. The patient was asked to return in 6 months.