GORD involves retrograde movement of the stomach contents into the lower part of the oesophagus (gullet). This usually occurs after a meal, several times a day, is undetected and symptomless in healthy individuals.

The transition between this and GORD was believed until recently to be due to hiatus hernia or excessive gastric acid.

However, it is now clear that the mechanism is a great deal more complex, and involves primarily the failure of the lower oesophageal sphincter (LOS) as an anti-reflux barrier.

The damage seen in GORD is due to misplacement of the stomach acid rather than an excess.

GORD accounts for about 75% of oesophageal pathology and can present with a wide variety of problems from simple heartburn to Barrett's oesophagus (a pre-cancerous condition), deep ulcers and strictures.

Symptoms are variable. Heartburn is a major feature but the degree of pain does not correspond well to the severity of oesophagitis. Regurgitation of acid and food into the mouth may occur. Difficulty or pain on swallowing may occur if there is severe oesophagitis.

ASSOCIATION WITH OTHER CONDITIONS:

GORD has been found in about 50% of patients with non-cardiac chest pain,

75% of patients with chronic hoarseness and between 70 and 80% of patients with asthma.

Reflux has also been associated with chronic cough and laryngitis and anti-reflux therapy can reduce respiratory symptoms.
Reflux, gastroparesis (see below) and achalasia (an uncommon condition of the oesophagus) are all associated with aspiration (inhalation of food)