

SOUTHWESTERN NEWS

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ANTACIDS ARE AS EFFECTIVE AS SURGERY FOR TREATING SEVERE HEARTBURN, UT SOUTHWESTERN PHYSICIAN SHOWS

DALLAS – May 9, 2001 – Many Americans suffer heartburn, but for some it's more frequent and serious. A new study by a UT Southwestern Medical Center at Dallas physician, published in today's *Journal of the American Medical Association*, suggests that anti-reflux surgery is no better for treating severe heartburn than antacid medications.

Dr. Stuart Spechler, chief of gastroenterology at the Dallas Veterans Affairs Medical Center and vice chief of digestive and liver diseases at UT Southwestern, and his colleagues conducted a follow-up study of patients who had been treated 10 years earlier for gastroesophageal reflux disease, or GERD, to determine whether those who had surgery for the disease fared better than those who took prescription medication.

While the majority of patients were satisfied with whatever treatment they had received, the researchers were surprised to find two-thirds of the surgery patients still took anti-reflux medication regularly. The surgery patients had similar rates of developing esophageal strictures (narrowing of the esophagus from scarring) as patients who received medical therapy, and there was no significant difference between the groups in the development of esophageal cancer, both complications of severe GERD.

GERD is caused when a faulty valve at the lower end of the esophagus allows reflux, stomach acid flowing back into the food pipe, to occur. This acid can cause heartburn, irritate the voice and trigger chronic coughing. Approximately 20 percent of U.S. adults experience GERD symptoms at least once a week. Severe GERD burns ulcers in the lining of the esophagus and increases the risk of the usually fatal esophageal cancer. Treatment involves either surgery to repair the valve or prescription medication to reduce stomach-acid production.

Spechler and his team found 239 of the original 247 patients who took part in a 1986-1988 VA study of medical and surgical anti-reflux treatments. By the time of the follow-up in October 1997, 79 patients had died. Among the survivors, 129 (91 in the medical-treatment

(MORE)

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group and 38 in the surgical-treatment group) took part in the follow-up.

For reasons still unclear, the surgical patients were more likely to have died from heart disease.

“Patients who are going to have an operation should consider very carefully their reasons for having the surgery. If they believe that surgery will allow them to never again take medicine for the treatment of reflux disease or that they are preventing a cancer of the esophagus, this study does not support either of these contentions,” Spechler said.

A complication of GERD called Barrett esophagus is a strong risk factor for esophageal cancer, a malignancy that has dramatically increased over the past 20 years. Barrett esophagus is a complication in which intestinal-type lining cells are found in the esophagus. In this study, patients who had Barrett esophagus developed esophageal cancer at a rate of 0.4 percent per year, compared to 0.07 percent in those without Barrett esophagus.

“The findings of this study are interesting, and I would agree that patients must carefully weigh the risks and benefits of medical and surgical treatment before they choose a course of treatment,” said Dr. Robert Rege, chairman of surgery at UT Southwestern.

“However, surgery remains an effective treatment for patients with GERD especially if they fail medical therapy. The data presented by Dr. Spechler may help us to decide which patients are best treated with medicine or surgery,” Rege said.

Also participating in this research from UT Southwestern was Dr. Edward Lee, professor of pathology and chief of the pathology service at the Dallas VA. Other researchers from VA medical centers in Denver; West Roxbury, Mass.; Phoenix; Little Rock, Ark.; Tucson, Ariz.; Hines, Ill.; Richmond, Va.; Omaha, Neb.; and Perry Point, Md., also contributed to the study.

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