Q&A from September 2021 Live Webinar

with Amy Rawls, MS, RD, LD, FMNS, CGN

How does high CHO diet increase symptoms and how does it negatively interact with protein?

Please refer to Shapiro M, et al. "Assessment of dietary nutrients that influence perception of intra-oesophageal acid reflux events in patients with gastro-oesophageal reflux disease." *Aliment Pharmacol Ther*. 2007 Jan 1;25(1):93-101. (PubMed) (Wiley)

When the ulcers heal does it leave scar tissue, and if so does that affect swallowing or further digestion?

Yes, ulcers can leave some scarring based on the depth of the ulcer. If in the esopahgus, it can affect swallowing if it scars excessively. Scarring in the stomach is less likely to have a long-term effect on digestion. Scarring of the pylorus (the opening from the stomach to the small intestine) can cause obstruction and interfere with stomach emptying.

Is it the coffee / tea / chocolate itself or the caffeine in it?

Coffee causes reflux in two ways: (1) It's either sensitivity to the coffee bean, which means that caffeinated and decaffeinated coffees are both bad, OR (2) a high volume of caffeinated coffee will open any lower esophageal valve.

In addition to hearing about symptoms, we will run labs before prescribing supplements. Are there labs at this time that assess the enzymes they are recommending, and if so is it necessary to do this? I know there are assessments for pancreatic enzymes like lipase but many of the ones shared today are not pancreatic.

I mostly decide based on clinical symptoms and response to enzyme supplementation. Please

refer to Laugier R, et al. “Changes in pancreatic exocrine secretion with age: pancreatic exocrine secretion does decrease in the elderly.” *Digestion*. 1991;50(3-4):202-11. (PubMed)

I am curious about enzymes for people with LPR GERD. I have a patient with a lot of coughing and was told it is due to LPR GERD.

LPR is caused by a combination of acid and the stomach enzyme pepsin. The job of pepsin is to digest proteins in the stomach. If you have LPR, pepsin gets up into your throat and airways. In this case I focus mostly on improving gastric emptying.

Can people take digestive enzymes at the same time as a PPI?

Currently the recommendation is to continue PPI to minimize the risk of esophageal cancer – this is the standard of care. Digestives enzymes can be used along with a PPI.

AR: Yes, it is very beneficial to do so and a big part of the weaning process since it helps address the root cause.

Is there a good digestive enzyme for a person with contipation?

AR: Transformation™ has seven different digestive products. For adults the sensitive option would be the DigestZyme, more therapeutic is the Digest. If you would like to schedule a call to go over what might be best for client, we are happy to do that: clinic@tecenzymes.com. Addressing digestion first and getting a good probiotic most of the time will alleviate the constipation. For those that need more support with peristalsis the ReleaseZyme is one you can bring in short term until you get their digestion lined out.

Do you have patient resistance to so many pills? The protocols look like a lot of capsules.

Pill burden can be an issue – I try my best to consolidate and pick what is most important for symptom control.

What about a patient with esophagectomy – do they need digestive enzymes 100% too?

Patients with esophagectomy may still have “GERD / indigestion” and could also benefit from the same treatment options as those without an esophagectomy.

How can you decide which product to recommed to a patient as an RD? In other words, what is a good one to start with if a person is on any PPI’s?

Try to identify if the patient is struggling with true regurgitation / reflux or indigestion and poor motility. It is safe to try the DigestZyme (sensitive) formula to get a feel for how the patient responds. If they are somewhat responsive but need more support, consider the more therapeutic Digest formula.

Where can these digestive enzymes be found?

You may create an account with Transformation™ or use Fullscript.

How do you feel about gluten and dairy? Many of my GERD clients feel so much better when dairy is removed. Why is this?

Gluten and dairy are often triggers for many digestive and autoimmune disorders for many

reasons. The protein casein found in dairy can cause an inflammatory reaction. Processing of dairy alters the casein protein creating a molecule that resembles gluten, thus creating an inflammatory response. The majority of people in developed nations lack the capacity to break down the sugars and proteins in dairy (i.e., dairy intolerance) causing GI distress such as gas, distention, bloating, and pain. Please refer to Usai P, et al. "Effect of gluten-free diet on preventing recurrence of gastroesophageal reflux disease-related symptoms in adult celiac patients with nonerosive reflux disease." *J Gastroenterol Hepatol*. 2008 Sep;23(9):1368-72. (PubMed). At the end of the 8-week mark, GERD symptoms in this study were resolved in 86% of the celiac patients and 67% of the control group.

Please discuss the difference between GERD and Laryngeal Reflux Disease and whether the approach to healing would be the same.

LPR is a subtype of GERD. GERD can be acidic or non-acidic, and the degree of reflux can vary – it can either stay in the esophagus or rise up into the back of the throat. LPR stands for laryngeal-pharyngeal reflux, meaning that the reflux reaches the back of the throat and possibly the sinuses. The approach to treatment would be the same, although generally LPR is a little more challenging to control and less responsive to PPI.

If there is a patient on PPI for 15 years with a history of fundoplication due to severe reflux, is it possible to wean off PPI at that point? This individual also has chronic fatigue syndrome. GI symptoms are probably linked.

Yes, a post fundoplication patient is an ideal situation to wean off PPI as long as Barretts is not present.

Do you have resource recommendations (either for information or further training) to help work with patients like this?

We would be happy to offer support – let us know how we can help: radhatamerisa@gmail.com

Is the LINX procedure similar to a fundoplication surgery?

The LINX is a less invasive approach to tightening the lower esophageal sphincter. Patients with a large hiatal hernia would not be eligible for linx and would require the hernia repair and conventional fundoplication.

What is the approach for a patient with bariatric history? Could they be weaned off PPI?

Patients with gastric bypass should be able to come off PPI. Patients with sleeve gastrectomy tend to have more issues with reflux. I generally focus on improving motility and add digestive enzymes in this case.

What criteria do you use to decide whether to start with a gentler formula vs TPP protocol?

I base it on age, sensitivity to other medications / treatments, familiarity with prior digestive enzyme use, severity of symptoms, and willingness to try the treatments.

Would the presence of Shigella be a factor in GERD?

Not familiar with this association.

Would supplementing with a product such as neo40 be beneficial for NO?

Nitric oxide has an important role in the transient lower esophageal sphincter relaxation (TLESR), which is a major mechanism of reflux in patients with GERD. Others biocompounds of the formula display anti-inflammatory and analgesic effects.

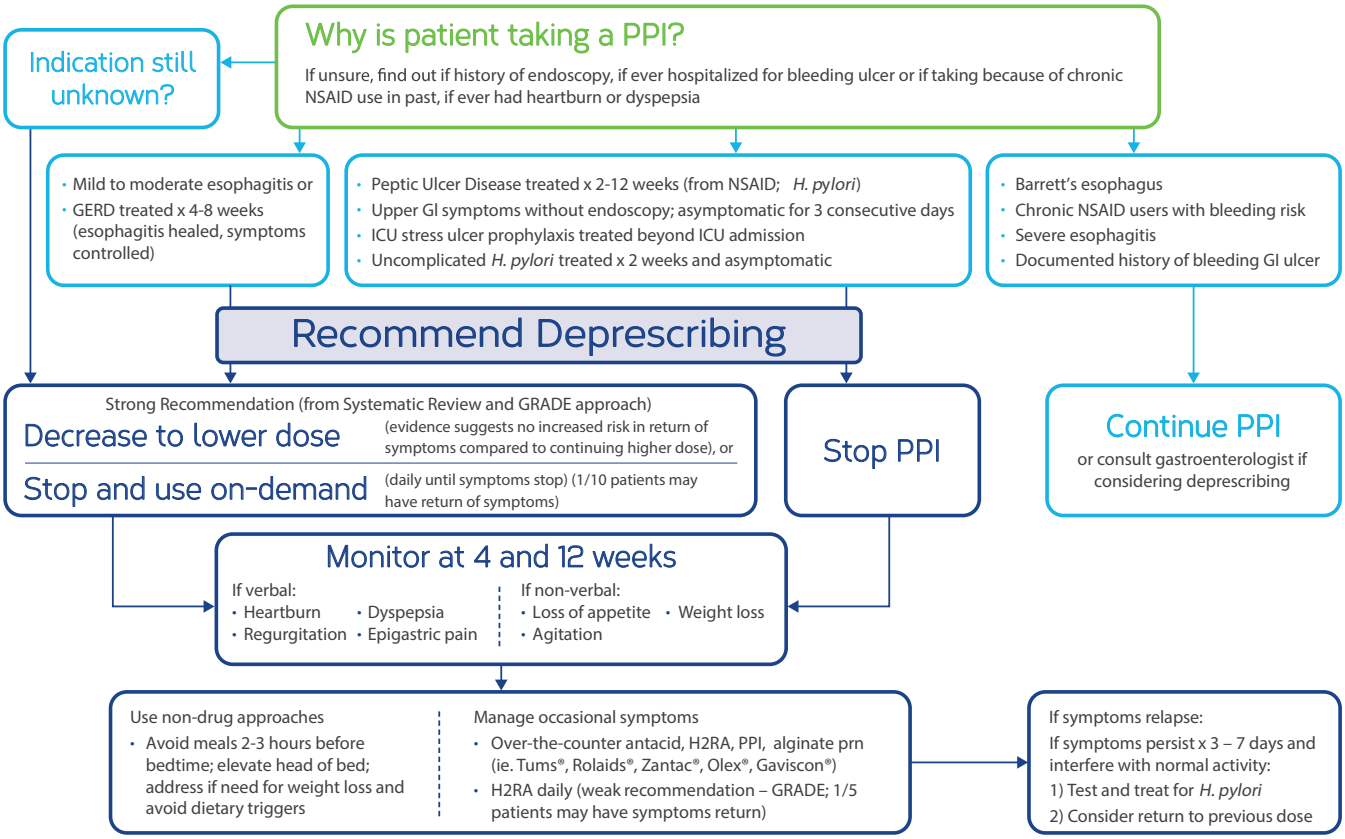
A single blind randomized study was performed in which 176 patients underwent treatment using the supplement cited above (group A) and 175 received treatment of 20 mg omeprazole (group B). Symptoms were recorded in a diary and changes in severity of symptoms noted. All patients of the group A (100%) reported a complete regression of symptoms after 40 days of treatment. On the other hand, 115 subjects (65.7%) of the omeprazole reported regression of symptoms in the same period. There was statistically significant difference between the groups ($P < 0.05$). This formulation promotes regression of GERD symptoms with no significant side effects.

Would parasite/worms be a factor to consider in GERD?

No studies to support at this time.

I have a client on Prevacid for several years and is now wanting to get off it. What are some support enzymes you recommend, and is there a certain protocol you follow to get someone off Prevacid?

Please refer to this Proton Pump Inhibitor (PPI) Deprescribing Algorithm chart from Farrell B, et al. "Deprescribing proton pump inhibitors: Evidence-based clinical practice guideline." *Practice Guideline Can Fam Physician*. 2017 May;63(5):354-364. (PubMed)



Can you go over some food combinations that you mention along with acidic and alkaline environment? Do you have references you can share?

Please refer to Herbert M. Shelton's *Food Combining Made Easy*. (Amazon)

Is there a relationship between PPI and osteoporosis?

Yes, PPI will interfere with calcium absorption. People who suffered an osteoporosis-related fracture were almost twice as likely to have used a PPI for at least 7 years. Using PPIs for 6 or fewer years was not linked to fracture risk. Hip fracture risk may have started earlier. People with hip fractures were 62% more likely to have used a PPI for at least 5 years.

If a patient presents with low stomach acid, do you typically recommend they continue on a betaine hcl supplement in conjuction with digestive enzymes?

Yes, this is a very helpful combination, and some enzyme blends will contain betaine already.

Great presentation! Will we be able to get a link to this program to review?

AR: Yes, you can watch this webinar along with our other archives and sign up for upcoming webinars by visiting www.sys-11.com.

Would you send us the protocols?

AR: Yes, if you would like protocols please email arawls@tecenzymes.com.