ated with *H. pylori* infection and NSAID ingestion, may occur at any age, occur about equally in men and women, are often manifested by abdominal pain, and are usually chronic in nature. They are also associated with cigarette smoking. Compared with nonsmokers, smokers are more likely to develop duodenal ulcers, their ulcers heal more slowly with treatment, and the ulcers recur more rapidly.

Gastroesophageal Reflux Disease (GERD)

GERD, the most common disorder of the esophagus, is characterized by regurgitation of gastric contents into the esophagus and exposure of esophageal mucosa to gastric acid and pepsin. The same amount of acid–pepsin exposure may lead to different amounts of mucosal damage, possibly related to individual variations in esophageal mucosal resistance.

Acid reflux often occurs after the evening meal and decreases during sleep. The main symptom is heartburn (pyrosis), which increases with a recumbent position or bending over. Effortless regurgitation of acidic fluid into the mouth, especially after a meal and at night, is often indicative of GERD. Depending on the frequency and extent of acid–pepsin reflux, GERD may result in mild to severe esophagitis or esophageal ulceration. Pain on swallowing usually means erosive or ulcerative esophagitis.

The main cause of GERD is thought to be an incompetent lower esophageal sphincter (LES). Normally, the LES is contracted or closed and prevents the reflux of gastric contents. It opens or relaxes on swallowing, to allow passage of food or fluid, then contracts again. Several circumstances contribute to impaired contraction of the LES and the resulting reflux, including foods (eg, fats, chocolate), fluids (alcohol, caffeinated beverages), medications (eg, beta adrenergics, calcium channel blockers, nitrates), gastric distention, cigarette smoking, and recumbent posture.

GERD occurs in men, women, and children, but is especially common during pregnancy and after 40 years of age.

TYPES OF DRUGS

Drugs used in the treatment of acid-peptic disorders promote healing of lesions and prevent recurrence of lesions by decreasing cell-destructive effects or increasing cell-protective effects. Several types of drugs are used, alone and in various combinations. Antacids neutralize gastric acid and decrease pepsin production; antimicrobials and bismuth can eliminate *H. pylori* infection; histamine-2 receptor antagonists (H_2RAs) and proton pump inhibitors (PPIs) decrease gastric acid secretion; sucralfate provides a barrier between mucosal erosions or ulcers and gastric secretions; and misoprostol restores prostaglandin activity. Types of drugs and individual agents are described in the following sections; dosages are listed in Drugs at a Glance: Representative Antacid Products and Drugs at a Glance: Drugs for Acid-Peptic Disorders.

Drugs at a Glance: Representative Antacid Products

	Components				
Trade Name	Magnesium Oxide or Hydroxide	Aluminum Hydroxide	Calcium Carbonate	Other	**Route and Dosge Ranges (Adults)**
Aludrox	103 mg/5 mL	307 mg/5 mL			PO 10 mL q4h, or as needed
Amphojel		300 or 600 mg/tab, 320 mg/5 mL			PO 10 mL or 600 mg 5 or 6 times daily
Di-Gel		200 mg/5 mL		Simethicone 20 mg/5 mL	PO 2 tsp liquid q2h, after meals or between meals, and at bedtime. Maximal dose, 20 tsp/24 h. Do not use maximal dose longer than 2 wk.
Gelusil	200 mg/tab	200 mg/tab		Simethicone 25 mg/tab	PO 10 or more mL or 2 or more tablets after meals and at bedtime or as directed by physician to a maximum of 12 tablets or tsp/24 h
Maalox suspension	200 mg/5 mL	225 mg/5 mL			PO 30 mL 4 times daily, after meals and at bedtime or as directed by physician; maximal dose, 16 tsp/24 h
Mylanta	200 mg/tab, 200 mg/5 mL	200 mg/tab, 200 mg/5 mL		Simethicone 25 mg/tab, 20 mg/5 mL	PO 5–10 mL or 1–2 tablets q2–4h, between meals and at bedtime or as directed by physician
Mylanta Double strength	400 mg/tab, 400 mg/5 mL	400 mg/tab, 400 mg/5 mL		Simethicone 30 mg/tab, 30 mg/5 mL	Same as Mylanta
Titralac			420 mg/tab, 1 g/5 mL	Glycine 180 mg/tab, 300 mg/5 mL	PO 1 tsp or 2 tablets, after meals or as directed by physician, to maximal dose of 19 tablets or 8 tsp/24 h