

MANAGING YOUR ACHALASIA

What Is Achalasia?

Achalasia is a disorder of the esophagus, the tube connecting the mouth and stomach. With achalasia, the esophagus has trouble moving liquid and solids down to the stomach. This movement is called peristalsis. Also, the muscle between the esophagus and stomach (the lower esophageal sphincter) does not relax after swallowing. Achalasia may occur at any age but is more common in older people.

What Causes Achalasia?

The causes are usually unknown but may include damage to nerves of the esophagus, infections, and being born with this condition.

What Are the Symptoms of Achalasia?

The main symptom is difficulty swallowing. Problems with liquids usually occur first, followed by problems with solid foods. Weight loss can occur because eating is too difficult or painful.

Other symptoms include chest pain, painful swallowing, coughing, wheezing, heartburn, belching, and vomiting. In some cases, halitosis (bad breath) can occur.

How Is Achalasia Diagnosed?

The health care provider may order a barium swallow x-ray, or esophagography. This study will show narrowing of the lower part of the esophagus and widening of the upper part.

Pressure measurements (manometry) may be done to prove an absence of peristalsis and increased pressure at the lower esophageal sphincter.

Endoscopy (using a small lighted tube with a tiny video camera at the tip) can confirm a tight sphincter or obtain a piece of tissue to make sure that other diseases aren't causing symptoms.

How Is Achalasia Treated?

There is no cure, but treatment can improve symptoms and help prevent complications.

The treatment goal is to reduce pressure at the lower esophageal sphincter. This is done by dilating the sphincter with special instruments or balloons. Even after dilation, the esophagus will not have normal movement. The dilation may have to be repeated if symptoms come back.

Medicines such as long-acting nitrates or calcium channel blockers can lower the pressure at the sphincter. The drugs are usually used in people who can't have the dilation.

Injection of Botox® (botulinum toxin) in the sphincter is a newer treatment that the doctor may try before considering surgery. If other treatments fail, the doctor may operate to reduce pressure in the sphincter (called esophagomyotomy). Surgery can be done laparoscopically (by using a very small incision).

Without treatment, complications can arise. These include tearing (perforation) of the esophagus, return of acid or food from the stomach into the esophagus (gastroesophageal reflux disease, or GERD), and aspiration pneumonia. People with achalasia have an increased risk of developing esophageal cancer.

DOs and DON'Ts in Managing Achalasia

- ✓ **DO** eat and chew slowly.
- ✓ **DO** call your health care provider if you have persistent difficulty swallowing, if painful swallowing develops, or if symptoms remain after treatment.

✓ **DO** call your health care provider if you vomit blood or you have other new symptoms.

⊗ **DON'T** eat or drink while lying down.

⊗ **DON'T** drink hot or cold liquids, because they may make the condition worse.

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FOR MORE INFORMATION

Contact the following sources:

- National Digestive Diseases Information Clearinghouse: E-mail: nddic@erie.com;
Website: <http://www.niddk.nih.gov/health/digest/nddic.htm>
- American College of Gastroenterology: Tel: (703) 820-7400; Website:
<http://www.acg.gi.org>

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