

Hints and tips

- ❖ Eat smaller meals more frequently ('little and often'). Eat slowly, chew well.
- ❖ Avoid further swallowing if the earlier mouthful has not gone into the stomach.
- ❖ Avoid eating whilst feeling stressed.
- ❖ Eat food with a moist and soft texture, or have soup, and add sauces to food.
- ❖ Beware of food that has a stringy texture, skin on vegetables, and fruit that will not easily dissolve, large lumps of meat, or bread and rice.
- ❖ Keeping an upright posture during meals can help, as can walking around during meal times, standing on toes and dropping on to the heels, and massaging your chest.
- ❖ Drink water (room temperature) with meals.
- ❖ Maintain vitamin levels with supplements if required, preferably in liquid form.
- ❖ Be careful of medication in pill form as these may get stuck in the oesophagus and dissolve, causing damage to its lining.
- ❖ Sleeping propped up with pillows, or with bed head raised, may help with reflux and regurgitation at night.
- ❖ Nitrates, calcium channel blockers, Buscopan or Sucralfate may help against spasms. Stretching upwards, elongating your neck, and pressing downwards in your chest area may also help, as can drinking warm water, or eating banana.

Achalasia Action

In September 2019, Achalasia Action applied to the Charity Commission for registration as a Charitable Incorporated Organisation. The charity's aims include:

- ❖ To provide education and raise public awareness about achalasia and associated conditions.
- ❖ To alleviate physical or mental distress of persons with achalasia including their friends and families.
- ❖ To encourage and support research into achalasia for the public benefit

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ACHALASIA ACTION

AN INTRODUCTION TO ACHALASIA

**Produced by Achalasia Action
A charity in the course of formation**

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What is achalasia?

Achalasia is a rare disorder of the oesophagus (food pipe) that causes a number of symptoms, including difficulty swallowing food and drink, and chest pain. If not managed properly, these symptoms can prevent people from maintaining a healthy weight, and affect nutrition, wellbeing, mental health and quality of life. These symptoms will vary from person to person.

“I began feeling that food was getting stuck when eating things such as almonds and oat biscuits.”

Verina, person with achalasia

The NHS estimates that 6,000 people currently live with the condition in the UK. This is likely an underestimate, given how difficult it is for people to readily receive a correct diagnosis.

Achalasia occurs when the muscles controlling the movement of food down the oesophagus and into the stomach do not work properly. As a result, a ring of muscle between the oesophagus and stomach remains clamped shut rather than relaxing to allow the food to pass into the stomach. This can cause food to remain in the oesophagus for a long time, and/or be regurgitated, which can be very painful. Sometimes the muscles contract into a spasm that makes patients feel as if they might be suffering from a heart attack.

Diagnosing achalasia

It can take people with achalasia many years to receive a correct diagnosis. This is because achalasia symptoms can include weight loss, regurgitation and reluctance to eat certain types of food, which can be confused with eating disorders such as anorexia and bulimia. However, patients with achalasia genuinely desire to eat well.

Tests to diagnose achalasia include:

- **An endoscopy**, to examine the inside of the oesophagus and stomach. A miniature camera is passed down the throat, usually under sedation.
- **A barium swallow**, to track progress of liquid in the oesophagus. A liquid is swallowed which is monitored by x-ray equipment.
- **A manometry**, to measure the swallowing pressure and contractions in the oesophagus. A flexible tube is inserted in the oesophagus.

“When I first went to the GP and explained that I found it painful to swallow food, I was told this was down to stress and anxiety. The GP warned my mum it could also be an eating disorder, a plausible diagnosis given that I was 17 at the time. I only received a correct diagnosis following a private consultation with a gastroenterologist, who was familiar with achalasia.

Silvia, person with achalasia

Treatments

Treatments range from lifestyle changes to surgery. Doctors should treat the patient, rather than being governed by test results.

Botox injections into the lower oesophageal sphincter take 3-4 minutes and can improve the flow of food into the stomach. About half of patients relapse after three months.

Dilatation involves a balloon that is passed through the mouth into the oesophagus, and expanded to stretch the lower oesophageal sphincter. Most procedures result in at least some relief from the symptoms, but this is variable. Some are successful only for a limited time, but others can bring benefit for a number of years.

Heller myotomy and fundoplication is a surgical procedure that cuts the muscles holding the sphincter shut so that food can pass through better with gravity. If operated by an experienced surgeon, 90% of patients have significant improvement in swallowing.

POEM (per oral endoscopic myotomy) is a relatively new procedure that involves cutting the muscles *within* the lining of the oesophagus. It can however result in more acid reflux, which would probably require long term acid-suppressing medication such as Omeprazole.

