

Notes of Meeting held on Wednesday, 8 July 2015 with Majid Hashemi to discuss Food difficulties with Achalasia sufferers

Arranged by Alan Moss –with Amanda Ladell, London Achalasia Meetup Organiser

Mr Hashemi started the meeting with a brief description of Achalasia as most people are now very familiar with the anatomy.

- Oesophagus is approx. 20 cm long and finishes at oesophagus junction with stomach. It is an active organ, with peristaltic contractions.
- Need progressive peristalsis, timing and pressure important
- Sphincter needs to function properly
- Hiatus needs good angle with oesophagus
- Sling of muscles like an arch. Need stomach and small bowel to empty well + saliva lubricating the passage well.

Treatment

2 parallel strategies

- 1 Avoiding stress and exacerbating factors
- 2 Medical treatments

Endoscopic treatments

Surgery

First shot at treatment gives the best chance of getting it right!

Discussion on things which cause difficulty as a result of the survey

At the meeting, 19 people did the beaker survey, putting a counter in each beaker representing the foods that cause or have caused some difficulty. The foods included in the beaker survey were based on 28 responses in the online survey. The results are as follows:-

Soup - 0

Warm Water - 0

Nut Roast with Gravy - 2

Yoghurt - 2

Fish - 2

Runner beans – 3

Carrot – 3

Breakfast Cereal – 3

Bread – 15

Especially cheap white bread. Multi seeded is good.

Toast – 6

Pastry – 8

Cakes -10

Pasta – 7	People have trouble with pasta because it sticks, like some other carbohydrates, causing a bolus. Thin noodles in a stock go down well but thick pasta sits heavily. Having more sauce helps.
Risotto – 6	Can depend on what is in the risotto with the rice.
Rice – 12	The variety of rice can make a difference.
Potato Chips – 14	
Boiled Potatoes – 7	Mashed with butter or cheese is good.
Red Meat – 15	If it is stringy, it sits by the valve. Take tiny morsels of meat and chew it well.
White Meat – 5	A lot less difficult than red milk as it's not stringy.
Spicy Curry – 9	
Chili – 7	
Pineapple – 8	Pineapple juice recommended for patients who have problems with restrictions.
Bananas – 4	
Salad – 7	
Lettuce 7	Sticks in the oesophagus
Apple -15	The skin cause the most problems, but so can the apple inside, depending on the type. Stewed apple is ok. Try grated apple with cinnamon.
Raw cauliflower – 5	Perhaps the number would have been higher if more people had tried eating it!
Onion – 4	Can stick
Falafel – 6	
Tomatoes – 5	Skins are problematic.
Coffee – 4	
Wine – 9	Acidity could be the problem here.
Orange juice – 6	
Fizzy drinks – 8	All right some of the time. Some people have never been able to drink them. Beer can have the same effect. You can get lot of bloating with beer and fizzy drinks.
Iced water – 7	Warm water is better for us than very cold or hot water. Icy water can make the oesophagus go into spasms.

We are all different
Some cannot drink water or liquid.

Bread, red meat, potato chips and raw apple scored highest for causing difficulty.

Answers are consistent with stringiness / texture / skins causing initial difficulty; rice, bread and pasta scoring significantly because of creating a heavy bolus / lump; and perhaps the spice irritating the oesophageal lining because it is sitting there rather than passing through but it might also cause the production of more saliva and bubbles.

Issues with food can be causes of other problems such as spasms and not just the physical problems of eating.

Participants were encouraged to write hints on Post-It notes, the results are as follows:

- Manuka honey, fruit smoothies, soup, warm water all helpful
- Banana (but see above), coconut milk and honey all good
- Warm cocoa or drinking chocolate good.
- Lying on right side to sleep helpful (I wonder if the oesophagus typically 'bags' in one direction rather than another?) – most people find lying on the left side better as less pressure on the organs and better for reflux.
- If going to restaurant in evening, do not eat solids beforehand all day
- Actimel / milk-based drinks helpful (but probably this means a soothing method of taking in nutrition rather than necessarily being milk-based)
- Getting up walking round even jumping, all help.
- Peas are a 'No No' (but mushy peas without skins might be OK?)
- To avoid night-time regurgitation I don't eat or drink after 8.30pm.
- Massaging the chest area
- Gravy and sauces invariably helpful
- Spiciness seen by one member as OK in small quantities because of appreciation of the flavour in otherwise bland diet.

Comments on the above suggestions:

Majid Hashemi doesn't think difficulties with eating progress over time, as long as the oesophagus stays the same. It can become easier as you learn to manage it. Problems come with how much you eat and how frequently. First bit can go down and then the second lot sits there, it swells up and blocks. Alternate a variety of different textures and foods. It is very important to mix textures as they are less likely to stick together and cause a blockage.

The oesophagus should normally be a straight tube into the stomach, but if it is 'flopping over the edge' so that possibly it is below the valve into the stomach then it is providing an area where food is accumulating. You take a few more mouthfuls and that makes it worse and your system doesn't have a way of getting it through and it will end by coming up.

One participant found he would have to get up and leave the table and then go back to eat some more.

Put fruits into a smoothie to include skins with added nutrients.

Coca cola unblocks! Not recommended because it is 'poisonous' but it does unblock.

Bananas are good. Had comments before. They can help. If you get retrosternal pain – bananas help. Coconut milk can help. Manuka honey and fruit smoothies help! Majid Hashemi does not recommend smoothies unless you blend them yourself. Fruit smoothies, soups and warm water are good. Actimel can help.

Vitamin shortages can occur, particularly vitamin D and need to be monitored. Vitamins are best taken in liquid form rather than tablet.

Questions

Q. Does dilatation sometimes make the pain/swallowing worse.

A. No!

Q. How likely is it that subsequent dilatations will be needed.

A. Very likely.

Q. Oesophageal candidiasis – inflammation of the oesophagus with candidiasis.

How can we avoid it

What is the best way of curing it and stopping it from recurring?

A. Need to get it tested so that it can be treated. See also Tips for oral thrush as they may help. You don't necessarily get oral thrush at the same time as oesophageal candidiasis. Medication such as antibiotics affects bacteria in the gut.

Q. I have suffered Achalasia and had Hellers myotomy– but it hasn't stopped the symptoms.

A. Have a simple reinvestigation with manometry, endoscopy and barium swallow.

Quite often if it hasn't worked, it might be that the myotomy is not long enough or the fundoplication is too tight or too loose.

Q. How is type of treatment that is likely to work best for someone decided?

A. In consultation with that patient.

Q. Could doing nothing except being careful with what food is consumed and how, be the best solution for some individuals?

A. Can be fine, but needs monitoring.

Q. What should one do if food gets stuck and you can't throw it up?

A. Suggestions – massaging chest can help food go down. Lots of warm water to drink can help.

A quick hands up survey was done on how long was it between initial problems and proper diagnosis of Achalasia. There were many answers between 3 months and 20 years!

Alan Moss passed the following advice from dietitians:

- Some things may be difficult because of shock to the system (eg iced water)
- Others the effect of food hanging around (eg spiciness)
- Escalating problems of not eating well, starting to miss out on a balanced diet, effect of stagnant food on taste buds and appetite, body getting trained out of accepting food / nutrition it needs, frustration, low mood, oral thrush / oesophageal candidiasis.
- Chew well; little and often; keep a good posture whilst eating with back vertical; try sips of water with food; keep food moist; maintain balance of carbohydrates/ protein etc consistent with texture of food.
- Monitor mineral / vitamin levels – redressing balance may be more than simple multi-vitamins can cope with.
- Try suckable vitamins.
- Absorption of medication may be a problem / harmful if strong pills get stuck in oesophagus so go for liquid form and advice from pharmacy.
- Avoid stress

It is hoped that the next meeting will take place in December.