



Recommendations for Patients with Ineffective Esophageal Motility

You have been diagnosed with ineffective esophageal motility (IEM or hypotensive peristalsis). This relatively common disorder can predispose people to dysphagia (swallowing difficulty) and reflux.

Causes of ineffective esophageal motility (IEM) include:

1. Advancing age (presbyesophagus)
2. The prolonged effect of acid reflux over time
3. Diabetes
4. Achalasia
5. Scleroderma
6. Polymyositis
7. Parkinson's Disease
8. Amyotrophic Lateral Sclerosis (ALS)
9. Chagas Disease
10. Medications

Symptoms of esophageal dysmotility can mimic gastroesophageal and extraesophageal reflux disease. These symptoms include heartburn, dysphagia, regurgitation, cough, throat clearing, excessive throat mucus, globus (sensation of a lump in the throat), and hoarseness. It is important to diagnose IEM as a cause of these symptoms because these symptoms do not improve with traditional anti-reflux medication and can get much worse with surgical anti-reflux therapy. Antacids and proton pump inhibitors do not usually help. They may be prescribed, however, to prevent further esophageal damage.

If you have IEM you must realize that you cannot eat a regular meal like most individuals. If you eat a large meal at one sitting, a significant proportion of the food may sit in your esophagus for a very long time. The food can regurgitate out of the esophagus and cause cough, heartburn, symptoms in the throat, and even aspiration into the lungs.

Behavioral modifications are essential and include:

1. Eat small, frequent meals. Avoid large or medium sized meals.
2. Never lay down after eating. The food sitting in our esophagus can regurgitate and end up in your lungs. Give yourself 3 hours after eating before laying down.
3. Consume liquid alginate products after meals. The best form of liquid alginate in the US is liquid Gaviscon 30 cc after meals, available at your local pharmacy.
4. Be very careful about taking pills. Pills can spend a long time in your esophagus and cause significant damage. Swallow pills with a large amount of water (8-12 oz) and



UNC
SCHOOL OF MEDICINE

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY
BIOINFORMATICS BUILDING

130 MASON FARM RD.

CAMPUS BOX 7080

CHAPEL HILL, NC 27599-7080

T 919.966.6000

F 919.966.3414

remain upright for 1 hr after taking them. You may also try getting liquid formulations of your medicines if possible. Compounding pharmacies can make almost any medication in liquid form.

5. Eat sitting completely upright only as gravity can help empty the esophagus.
6. Avoid acidic foods. The acidic foods can pool in your esophagus and make symptoms worse.
7. Exercise before meals (not after) and lose weight. Exercising after meals may exacerbate your symptoms and should be avoided.
8. Swallow only once per bite. Avoid double swallows as taking a second swallow can diminish esophageal motility. Wait 15 seconds after every swallow before initiating a second swallow.