

INFORMATION ABOUT ACHALASIA

Achalasia is a rare condition that prevents people swallowing properly. About 6,000 people in Britain are affected with various stages of the disease (prevalence). It can have a severe effect on nutrition, and may prevent people from maintaining a healthy weight. It is often a condition that is not diagnosed readily, and can lead to considerable distress and loss of quality of life.

The condition affect both men and women, is most common between the ages of 30 and 60 years, but can also occur during childhood.

Achalasia occurs when the muscles controlling the propulsion of food down through the oesophagus and into the stomach do not work properly. The problem seems to be in the nerve cells controlling the muscles rather than the muscles themselves. The valve between the oesophagus and the stomach (the lower oesophageal sphincter) may be clamped shut rather than relaxing to allow the food to pass into the stomach. This can cause food to remain in the oesophagus for long periods, and upward pressure leading to regurgitation. In the long term, loss of muscle tone can result in a big, baggy oesophagus that collects a pool of stagnant, undigested food. Sometimes the muscles go into a painful spasm that makes patients feel as if they might be suffering from a heart attack.

A large group of UK achalasia patients in 2015 stated that the time it took for them to be diagnosed ranged from three months to twenty years. Because achalasia can involve weight loss, regurgitation and reluctance to eat certain types of food, confusion sometimes arises with eating disorders like bulimia, notwithstanding that patients with achalasia genuinely desire to eat well. Diagnosis is often made by a gastroenterologist or surgeon at a hospital specialising in conditions affecting the upper gastrointestinal tract. The tests undertaken are:

- An endoscopy, or miniature camera passed down the throat, often after a sedative. This would identify a reason for the hold up or an enlarged oesophagus. It will rule out other conditions.
- A barium swallow, where white liquid is swallowed whilst being monitored by x-ray equipment.
- Manometry, that measures the swallowing pressure at various points down the length of the oesophagus. Modern high resolution manometry equipment has led to improvements in comfort and accuracy in diagnosis for patients undergoing this procedure.
- Acid reflux testing may also take place, monitoring acid levels over 24 hours.

It is important that thorough testing takes place so that the precise diagnosis can be established. Stress, tension, anxiety and fatigue can contribute to the nervous system not acting effectively in operating the muscles involved in the swallowing process. Effective digestion sometimes takes time and requires the body to be relaxed, something that the modern world does not always easily allow us. The inability to absorb proper nutrition may worsen the condition, and a downward spiral of deteriorating health can develop. Stress also accentuates the perception of one's symptoms and their effects. As with many other conditions, achalasia may be accompanied by one or more other problems.

Treatments

Botox injections into the lower oesophageal sphincter take three or four minutes and can improve the flow of food into the stomach, but about half of patients relapse after three months. Some surgeons feel this makes

subsequent surgery more difficult but it remains a useful option for the elderly and in those where the other options appear too invasive.

Dilatation involves a balloon 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. Success is more likely when the oesophagus is less dilated.

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. Because this would also allow acid from the stomach to reflux up past the sphincter valve, part of the top of the stomach (the fundus) is wrapped round part of the base of the oesophagus to recreate a valve effect. The operation requires one or two nights' stay in hospital to ensure that the patient can tolerate fluids and a soft diet adequately. In experienced hands 90% of patients have significant improvement in swallowing after surgery.

POEM (per oral endoscopic myotomy) is a relatively new procedure that involves cutting the muscles *within* the lining of the oesophagus. There is not a fundoplication element to the procedure, and any subsequent reflux would probably require long term acid-suppressing medication such as Omeprazole.

All of these treatments generally allow gravity to help the swallowing process, rather than curing the underlying cause of the achalasia. The need to be careful about eating, and to avoid undue stress, will remain. Spasms may not always be resolved by these treatments.

Hints and tips

Achalasia patients typically find it helpful to eat smaller meals more frequently ('little and often'). Eat slowly, chew well. Avoid further swallowing if the earlier mouthful has not passed down into the stomach. Avoid eating whilst feeling stressed. Eat food with a moist and soft texture, or have soup, and add sauces and gravy to food. Beware food that has a stringy texture, skin on vegetables and fruit that will not easily dissolve, large lumps of meat, or bread and rice that will congeal and become heavy if they stick in the oesophagus.

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 the chest area. Drink water (room temperature) with meals.

Maintain nutrition / 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. Your pharmacist will be able to advise you.

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. These remedies vary with individuals however.

This information sheet is a summary of the booklet *A Patient's Guide to Achalasia* by consultant oesophageal surgeon Majid Hashemi, Alan Moss and Amanda Ladell that can be downloaded from the website of the Oesophageal Patients Association (helpline 0121 704 9860) www.opa.org.uk/pages/achalasia.html Meet Up group information from: www.meetup.com/achalasia-104 <http://achalasia.mooc.com>

Email enquiries: amandaladell@yahoo.co.uk alanmoss32@gmail.com majid.hashemi@btopenworld.com