Innovative GI

The GERD Diet

Eating Patterns That Help Reduce Reflux

Diet is a useful, low-risk complement to medication for GERD — but the evidence behind it is more mixed than for medication, and reflux triggers vary quite a bit from person to person. Current GERD guidelines recommend a personalized approach: use the lists below as a starting point, then track your own symptoms (a simple food-and-symptom log helps) rather than eliminating everything at once.

Foods and Drinks to Watch

These foods are commonly linked to reflux through a few distinct mechanisms: some (fat, chocolate, caffeine, mint, alcohol) relax the valve between the stomach and esophagus, letting acid escape more easily; others (citrus, tomato, spicy foods) don't cause reflux itself but sting more when reflux reaches an already-irritated esophagus; and carbonated drinks or large meals stretch the stomach (gastric distension), which independently triggers the valve to relax at the wrong times. Knowing which mechanism applies can help you figure out which changes are actually worth making for your symptoms.

Often Reported to Trigger Symptoms	Generally Well Tolerated
Fried and fatty foods	Grilled, baked, or steamed lean meats, fish, tofu
Chocolate	Eggs
Coffee, tea, energy drinks (caffeine)	Oatmeal and whole grains
Carbonated beverages	Melon, banana, and other non-citrus fruits
Alcohol	Most vegetables (non-fried)
Peppermint and spearmint	Low-fat dairy or plant-based milk
Citrus fruits and juices	Ginger
Tomato-based foods (sauces, salsa, ketchup)	Herbal (non-mint) tea and water
Spicy foods	Nuts and healthy oils in moderation

Evidence: the 2022 American College of Gastroenterology guideline calls trigger-food avoidance a "weak" recommendation — pooled analyses of trials haven't shown that broadly cutting these foods reliably improves symptoms, likely because triggers are so individual. Treat this list as a place to start testing, not a rule to follow strictly.

Eating Patterns With the Best Support

Goal: reduce how often and how severely reflux occurs, using patterns tested in studies.

• **Weight loss** (if applicable) — even a modest amount.

Evidence: The single best-supported dietary change for GERD. A randomized trial found meaningful symptom improvement with an average of about 10 lbs of weight loss; other studies found weight loss in patients with overweight cut GERD prevalence roughly in half.

• **Lower-carbohydrate eating pattern.**

Evidence: Small studies measuring acid directly in the esophagus found that reducing carbohydrate intake lowered the amount of time acid was present, though this hasn't been tested as a long-term standalone treatment.

• **Mediterranean-style or plant-forward eating pattern** — emphasizing vegetables, fruit, legumes, and whole grains, with less red meat and fried food.

Evidence: An observational study found people who ate this way had meaningfully lower odds of GERD symptoms than those eating a Western-style diet. In one study of patients with reflux-related voice and throat symptoms, a strict plant-based, Mediterranean-style diet improved symptoms about as well as standard acid-suppressing medication — though this was not a placebo-controlled trial, so it should be read as promising rather than proven equivalent to medication.

• **Smaller, more frequent meals** rather than large meals.

Evidence: A controlled study comparing meal sizes directly found nearly twice as many reflux episodes after a large (600 mL) meal compared to a smaller (300 mL) one, with more stomach stretching (distension) and more episodes of the valve losing tone afterward. Larger, high-volume meals stretch the stomach's upper portion, which independently triggers the valve to relax at the wrong times — so this is grounded in direct physiology measurements, not just theory.

• **Getting enough fiber** — from vegetables, fruit, whole grains, or a fiber supplement like psyllium.

Evidence: A large study found people with the highest fiber intake had about a 25% lower risk of reflux symptoms than those with the lowest intake. In a smaller trial, adding fiber to the diet increased resting pressure in the valve, reduced the number of reflux episodes, and cut weekly heartburn frequency in patients with non-erosive reflux. Fiber may help by moving food through the stomach faster, forming a gel that blocks acid, or by beneficially changing gut bacteria — the exact mechanism isn't settled, and large-scale trial evidence is still limited.

• **Avoiding meals within 2–3 hours of lying down**, and not overeating in one sitting.

Evidence: A standard recommendation across GERD guidelines; low-risk and mechanically sound, even though it's tested less rigorously than weight loss or head-of-bed elevation.

Practical Tips

- **Cook with lower-fat methods** — grilling, baking, or steaming instead of frying — since high-fat meals slow stomach emptying and are commonly linked to reflux.
- **Moderate, rather than eliminate, alcohol and caffeine** unless you notice a clear personal link to your symptoms.
- **Chew sugar-free gum for 20–30 minutes after meals** — increases saliva, which helps clear and neutralize acid; one trial found it cut post-meal acid exposure by roughly a third.
- **Keep a brief food-and-symptom log** for 2–3 weeks if you're unsure what's triggering your symptoms — this is more reliable than guessing from generic lists.
- **Consider working with a GI-experienced dietitian** if symptoms persist despite these changes, especially if you're also managing other conditions (diabetes, IBS) that make broad dietary changes more complicated.

This guide supports your personalized plan and isn't a substitute for individualized medical advice. Check with your provider before starting, stopping, or combining anything mentioned here.

Innovative GI • Cameron Sikavi, MD • 8631 W 3rd St, Suite 1015-E, Los Angeles, CA 90048 • (310) 652-4472 • innovativegi.com