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LETTER TO THE EDITOR

Commentary on the article ''Prevalence and characteristics of gastroesophageal reflux disease in pregnant women''

Comentario al artículo «Prevalencia y características de la enfermedad por reflujo gastroesofágico en mujeres embarazadas»

Dear Editors,

We are writing to express our observations on the article by Le et al. (2023) that analyzed the main causal factors and prevalence of gastroesophageal reflux disease (GERD) during pregnancy, as well as the clinical manifestations and associated sociodemographic factors. Despite the thoroughness of the study, there are certain methodological aspects that could be addressed in more depth, along with other factors that were not adequately explained.[1]

Physical activity as a relevant factor in the prevention of GERD during pregnancy is important to highlight. A study conducted by Vera et al. described a significant association between a moderate or high level of physical activity and a lower probability of presenting with GERD, regardless of sex.[2] However, upon examining the methodology employed in the original article by Le et al., the fact that these factors were not addressed or analyzed calls into question the comprehensiveness of the analysis. In addition, physical activity counteracts the progression of obesity, and in the study conducted by Valdovinos et al., obesity is identified as the main risk factor for GERD.[3] Thus, considering the role of physical activity in the prevention of GERD during pregnancy acquires even greater importance.

On the other hand, the lack of clarity in the methodology regarding the collection of data on dietary habits during pregnancy and its relation to GERD makes it difficult to understand how the effects of diet on the appearance of the disease were evaluated. In this context, the study by Huerta et al. underlines how a diet rich in the fats found in sweets, and especially chocolate, increases the probability of presenting with gastroesophageal reflux during pregnancy.[4]

Lastly, we congratulate Le et al. on their study and recognize their important contribution to the field of medicine. Nevertheless, we believe the methodological deficiencies identified in the original article should be addressed, to provide a better understanding of the study, and thus contribute to the data supporting the importance of the relation between physical activity, dietary habits, and GERD. In turn, this will encourage future studies to delve into these aspects, resulting in a greater comprehension of the factors that influence the development of GERD in the context of pregnancy.

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Conflict of interest

The authors declare that there is no conflict of interest.

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Response to Gómez-Calero et al. concerning their comments on the article ''Prevalence and characteristics of gastroesophageal reflux disease in pregnant women''

Respuesta a Gómez-Calero et al. respecto a sus comentarios sobre el artículo ''Prevalencia y características de enfermedad por reflujo gastroesofágico en mujeres embarazadas''

Dear Editors,

We wish to thank Drs. Gómez and Jara for their insightful comments on our study ''Prevalence and characteristics of gastroesophageal reflux disease in pregnant women''. We appreciate the opportunity to discuss and clarify the concerns raised regarding our methodology.

One of the concerns expressed is the importance of physical activity in preventing gastroesophageal reflux disease (GERD) during pregnancy, noting that moderate-to-high physical activity levels could lower the risk of GERD. We acknowledge the association between physical activity and GERD risk. However, the impact of physical exercise on the risk of GERD varies, depending on the type and intensity of the activity. While moderate physical activity might have a protective effect,[1] vigorous exercise could exacerbate GERD symptoms by delaying gastric emptying.[2,3] Moreover, research specifically examining the protective role of physical activity against GERD during pregnancy is currently lacking. We recognize this gap in the literature and agree on the necessity for prospective studies in a controlled setting to explore safe and effective exercise regimens for pregnant women at risk of GERD.

Another concern is about the interplay between physical activity and obesity – a well-known risk factor for GERD. While increased waist circumference is recognized as a risk factor for reflux during pregnancy,[4] our previous research within this project indicated that pre-pregnancy body mass index (BMI) and current BMI had no significant association with GERD in pregnancy.[5] Furthermore, we observed that the prevalence of GERD increased in the third trimester, compared with earlier trimesters. These findings suggest that the mechanical effects of increased abdominal pressure from the enlarged uterus are more likely to contribute to the development of GERD than is obesity resulting from decreased physical activity during pregnancy. Consequently, even though obesity is a recognized risk factor for GERD in the general population, we believe it does not play a substantial role in the onset of reflux during pregnancy.

With respect to the concern raised about the influence of dietary habits on GERD during pregnancy, particularly the methodology related to data collection on dietary habits and their association with GERD, the primary aim of our study was to report the prevalence and clinical characteristics of GERD in pregnancy. Nevertheless, we *did* assess dietary habits, particularly focusing on meal patterns and timing, which were extensively detailed in a previous study.[5] In that research, we did not delve deeply into the specific types of foods consumed but focused on overall meal patterns and timing, particularly the short meal-to-bed time (MTBT), which we identified as a significant risk factor.[5] We recorded the main meal based on overall size and caloric density, as reported by participants, and defined a ''short'' MTBT as within two hours post-meal. For a detailed understanding of our dietary data collection and analysis methods, we invite readers to review the methodology section of that publication.

In conclusion, ongoing research involving pregnant women is essential to enhance our understanding of the factors associated with reflux in this vulnerable population. This will enable us to alleviate the burden of GERD, not only through medical interventions, but also by promoting lifestyle modifications to improve quality of life during pregnancy.

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