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LETTER TO THE EDITOR

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 pres-

sure 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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