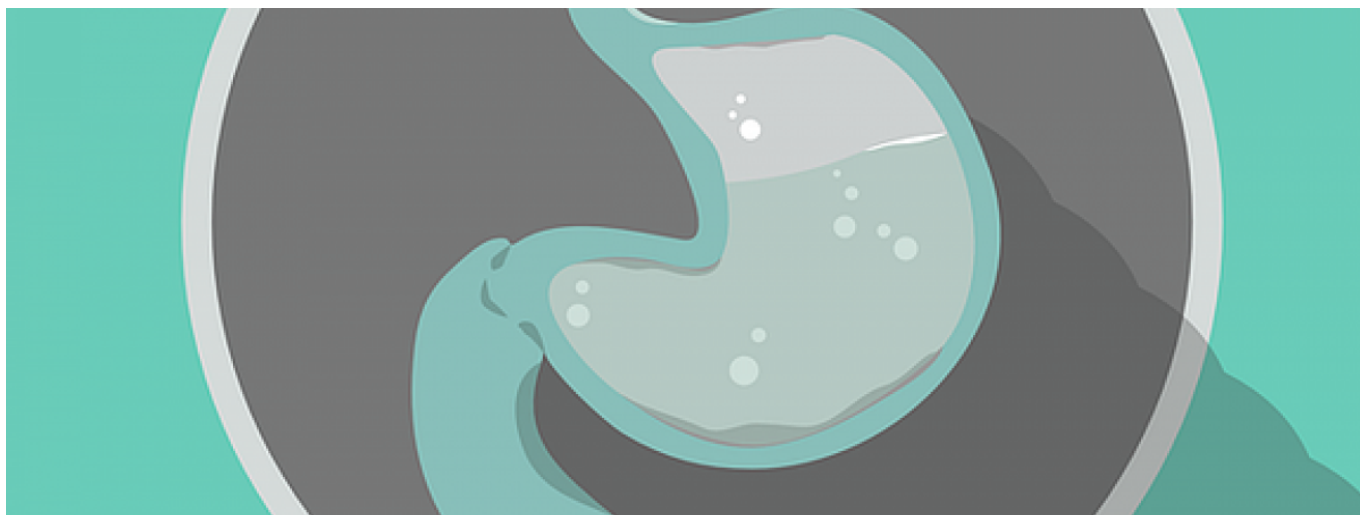

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Alois Alzheimer, James Parkinson, Hans Asperger and Burrill Bernard Crohn all have well-known medical conditions named after them. It's time to meet Norman Barrett.

Who was Norman Barrett?

Living from 1903-1979, he was a brilliant chest surgeon, the first who successfully repaired a ruptured oesophagus (the food pipe connecting your mouth to your stomach). He was also the first to describe what became known as Barrett's Oesophagus, a condition in which cells lining the oesophagus change, becoming more like those that line the stomach and intestine.

A condition in which cells lining the oesophagus change, becoming more like those that line the stomach and intestine.

For such a brilliant man it's unfortunate, though, that his most famous legacy is a reminder of his greatest mistake, since Barrett was wrong about the causes of the condition.

What causes Barrett's Oesophagus?

Long-standing acid reflux is the best known risk factor. Reflux, though, is very common, affecting up to 20% of the population. Only a small percentage of people with reflux develop Barrett's oesophagus: it seems to be slightly more common in men ([oestrogen](#) [6] is thought to offer some protection in pre-menopausal women) and in those who smoke. Obesity and genetics can also make Barrett's more likely.

A diagnosis of Barrett's can increase the risk of developing cancer of the oesophagus – but only slightly. In one 10 year study of 409 people with Barrett's, only 4 people died of oesophageal cancer (that's 1%). Moreover, up to 95% of patients with oesophageal cancer did not have a previous diagnosis of Barrett's.

Your doctor may or may not decide to monitor you for early signs of cancer which can be treated.

Treating it with lifestyle changes

"One glass of champagne could kill me" says Lizzie Cundy, ex-wife of footballer Jamie Cundy, as she describes the impact of being diagnosed with Barrett's. It's true that cutting down on alcohol intake can reduce reflux and the risk of some types of oesophageal cancer, but when it comes to Barrett's, alcohol intake does not appear harmful and strangely, [wine might be protective](#) [7].

Other lifestyle changes such as losing weight and quitting smoking seem to be more important in reducing cancer risk in people with Barrett's.

Treating it with surgery

Former Home Secretary [David Blunkett](#) [8] underwent an operation known as fundoplication, to strengthen the barrier between the stomach and the oesophagus in order to prevent acid reflux.

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The singer Morrissey has had what he calls "four cancer-scrappings" to treat his Barrett's oesophagus, where abnormal oesophageal cells are cut away: heat can also be used to destroy them. Sometimes it's even necessary to remove a part of the oesophagus itself.

Do drugs work?

Powerful drugs, known as [proton pump inhibitors](#) [9], exist to block stomach acid production, so reducing reflux. It's not yet known whether their use could prevent cancer development in Barrett's.

Hoping to answer this question is a 10 year study at Oxford University, known as the [ASPECT trial](#) [10]. It's due to complete in 2018 and is testing a role for proton pump inhibitors combined with aspirin.

Listening to your body

Doctors are trained to use their five senses to diagnose disease; even [dogs can sniff out](#) [11] some types of cancer.

It's worth using your senses to check whether you might have long-standing reflux, which could be an indicator of Barrett's. Is it difficult to swallow? Can you feel chest pain? Do you see black, tarry stools or vomit that resembles coffee grounds? Can you hear your stomach growling? Does your breath smell? [Reflux](#) [12] is common and easily treated, but for persistent cases, medical advice should be sought.

Source URL: <https://www.helencowan.co.uk/all-you-need-know-about-barretts-oesophagus>

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