CIRENCESTER HEALTH GROUP

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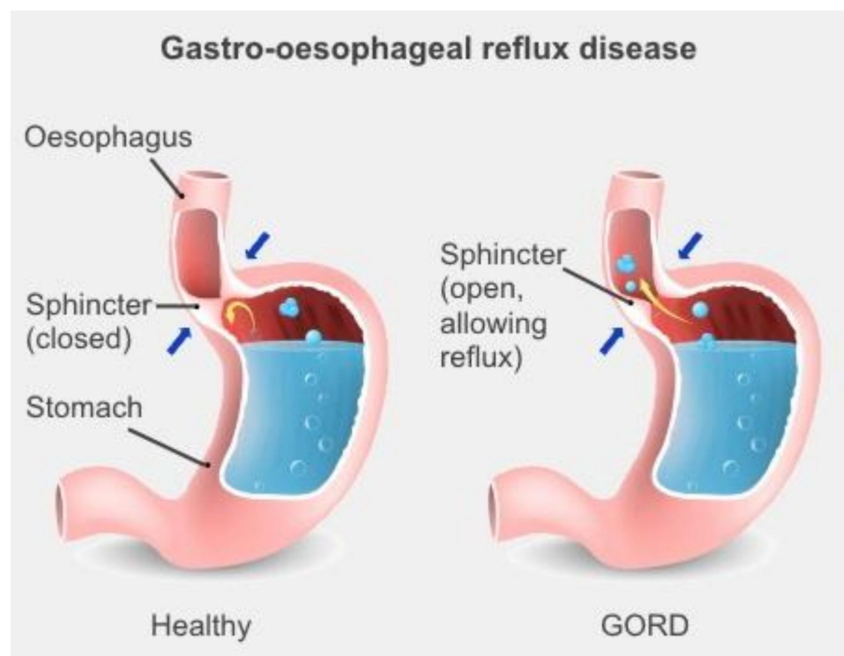
SELF-CARE INFORMATION HEARTBURN AND REFLUX

Heartburn is a chest pain that occurs after eating, lying down, or bending over and is most usually described as 'burning'. The pain is located at the lowest end of the breastbone in the centre of the chest. Heartburn often seems worse after rich meals, citrus fruit juice, hot beverages, or alcohol.

Reflux is the regurgitation of some stomach contents including gastric acid into the throat and/or gullet (oesophagus). This may occur at any time of day or night but is most common after meals and when lying down. Some patients experience acid reflux as food from the stomach coming back up the oesophagus into the mouth, leaving an unpleasant taste. A few patients notice discomfort or pain as they swallow and may experience the frequent need to clear their throat, excessive mucus, or postnasal drip, coughing or choking and the sensation of a lump in the throat. Often Reflux can occur without us being aware that it is happening (*silent reflux*).

For most people heartburn and reflux cause only mild and intermittent symptoms. In a few people, however, symptoms can be severe and there may be significant inflammation of the oesophagus, called gastroesophageal reflux disease (GORD). In these cases, there is a risk of complications which can include internal bleeding and narrowing of the gullet. One in ten people with acid reflux have a condition called Barrett's Oesophagus, which can be serious. If you are worried about these complications, discuss them with your GP.



Why it happens

When food or drink is consumed, it passes down to the stomach via a tube from the mouth called the oesophagus. There is muscular ring (sphincter) which joins the oesophagus to the stomach and then closes to prevent food travelling back up the wrong way. Acid reflux occurs when this sphincter becomes incompetent, and the one-way system fails. The stomach makes acid, which aids digestion by breaking down food and drink. Whilst the stomach can resist acid to an extent, if it refluxes in sufficient quantities into the oesophagus, it will cause pain (*heartburn*). Sometimes the lining of the oesophagus can become inflamed (*oesophagitis*). If the inflammation is severe, *ulcers* can form, or pre-cancerous damage may occur to the cell wall of the oesophagus (*Barrett's Oesophagus*).

Contributory factors

Although many people can suffer from heartburn when there is no apparent lifestyle or other trigger, certain factors do appear to increase the risk of heartburn and reflux. These include:

Lifestyle Factors

- Smoking
- Drinking excess alcohol
- Stooping or bending forwards
- Excess body weight
- Stress

***Pregnancy* -** Many women can develop heartburn during the later stages of pregnancy as the growing baby pushes upwards on the stomach. The symptoms will often go once the baby is born but can continue afterwards.

Hiatus Hernia - A hiatus hernia is when part of the stomach slides upwards into the chest by pushing itself through a hole (called the hiatus) in the diaphragm muscle (sliding hiatus hernia). The hernia itself rarely causes any symptoms but it does seem to make reflux more likely. For those people who have a large hiatus hernia, surgery may be required.

Causative or contributory medicines

Certain medicines may increase your risk of getting acid reflux. These include:

- some tranquilisers
- steroids
- some medicines taken for asthma
- large dose vitamin C (1,000mg)
- beta blockers
- tablets containing progesterone
- aspirin

Do not stop taking medicines you have been prescribed but ask your GP or pharmacist for advice if you think your medication is contributing to reflux.

Diagnosis

If you decide to speak to your doctor or are directed to do so by your pharmacist, they will ask you to describe your reflux symptoms and the length of time you have had them and review the need for prescribing you acid-suppressant medication.

Should you require such medication long term, or the treatment is not working, and your symptoms continue or return, your GP may request an ***endoscopy,*** where an internal camera is passed down the

oesophagus and takes video of the stomach. This will ensure there are no underlying problems with your oesophagus or stomach. Around half of all patients with symptoms that suggest they have reflux turn out to have only very mild inflammation or a normal looking oesophagus. Other test that are sometimes used in the diagnosis of these conditions include:

- ***Blood tests*** - can check for anaemia or inflammation and test for ***helicobacter pylori.*** This is a bacterium, which lives the stomach in about 40% of people but in moat it does not cause any symptoms. However, the remainder may get increased bloating, indigestion and are prone to either in the stomach or in the duodenal ulcers. This infection can be treated with "triple therapy" – a combination of proton pump inhibitors and antibiotics for 1 week.
- A ***barium meal*** - is an XR test, good at showing whether you have a hiatus hernia or whether your oesophagus is narrowed for any reason.
- A ***cyto-sponge test*** - involves swallowing a capsule on a thread which then dissolves in the stomach releasing a sponge which can be pulled back up to collect cells from oesophageal lining.
- ***pH monitoring*** may be considered if medication is not suitable, and a specialist is considering anti-reflux surgery.

Treatments

There are many things you can do to help reduce the risk, frequency and/or severity of attacks of acid reflux. Often adopting enough of the below lifestyle suggestions can be enough to provide relief from symptoms. Healing of a significantly inflamed oesophagus will take time, and you should allow at least four to six weeks of careful treatment before expecting results and relief from symptoms.

Food and drink

- Eat smaller, more frequent meals, rather than starving yourself then eating a big meal.
- Eat less in the evening and leave at least 2 hours between eating and going to bed.
- Avoid eating 'on the run'.
- Sit upright when eating; don't sit in a low armchair with a tray on your lap.
- Try to remain upright at least one hour after eating.
- Avoid slumping or bending over after eating.
- Drink plenty of water.

Food to avoid

- Hot, spicy food, tomato-based foods, onions, citrus fruits, juices, anything with vinegar.
- Carbonated (fizzy) drinks.
- Fried, fatty, or greasy foods.
- Caffeinated and decaffeinated coffee, tea.
- Chocolate.
- Alcohol. Speak to your GP about reducing if you are taking large amounts.
- Very salty, crispy, or crumbly foods. These may increase the irritation already caused by the reflux.

Lifestyle

- Avoid wearing tight clothing around your middle.
- Avoid stressful situations if you can and do things to help you to relax such as joining relaxation classes, doing yoga, or going swimming.
- If you smoke, give up. For more information on giving up smoking, please call the NHS Smoking Helpline on 0800 022 4332. https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/
- Raise the head end of your bed by putting blocks underneath, 10-25 cm high.
- If you are overweight, ask your doctor for some help and advice about losing weight. https://www.nhs.uk/live-well/healthy-weight/start-the-nhs-weight-loss-plan/
- It is better to sleep on the left side or on the stomach, to allow gas to escape from the stomach and reduce the escape of acid material.

For further information see: youtube video - NHS Reflux Lifestyle & Diet Advice

Medications

Medications are generally available without a prescription and include:

- *Antacids- e.g.* ***Rennie's*** can interfere with the absorption of certain drugs, and it is therefore important to be aware of this side effect. In the beginning, you may wish to take an antacid just at bedtime, but if symptoms are very persistent, they can be taken 45 minutes after eating, every two hours between meals, and at bedtime.
- *Alginates* **–** e.g. ***Gaviscon***, floats on top of the stomach acid, preventing oesophageal irritation, and is often found to be very helpful when taken regularly after meals and at bedtime
- *Acid-supressing medications* – include Histamine H2-receptor antagonists (H2 blockers) such as ***cimetidine*** and Proton pump inhibitor such as ***omeprazole***, which decrease the amount of acid produced in the stomach.

The most effective therapies are Proton Pump Inhibitors (PPI) in managing the symptoms of heartburn and reflux.

For further information see: youtube video – NHS Reflux: Information of medications for reflux disease

When should I see my GP?

- Your heartburn symptoms have become more severe or frequent
- You are having difficulty swallowing or pain when swallowing, especially with solid foods or pills
- Your heartburn is causing you to have nausea or vomiting (especially if you are vomiting blood or black material)
- You've experienced a drastic or unexplained weight loss accompanied by heartburn
- You have a chronic cough, choking sensation or sense of a lump in your throat
- You have been using over-the-counter antacid medications for more than three weeks and you still have heartburn
- You have chronic hoarseness or wheezing, or your asthma has worsened
- Your discomfort interferes with your lifestyle or daily activities
- You are having chest pain accompanied by pain in the neck, jaw, arms, or legs, shortness of breath, weakness, irregular pulse, or sweating
- You have extreme stomach pain
- You are experiencing diarrhoea or black or bloody bowel movements

For further information see: youtube: NHS - Reflux Disease: Questions & Answers

Useful contacts

- Ask your pharmacist
- Patient UK - www.patient.co.uk
- NHS Choices, www.nhs.uk/conditions/

If you have further questions:

Call the ***practice*** on *01285 653184 or 01285 653122*
If you require ***urgent*** medical advice, call *111 (24 Hrs)*
In an ***emergency*** call ***999***