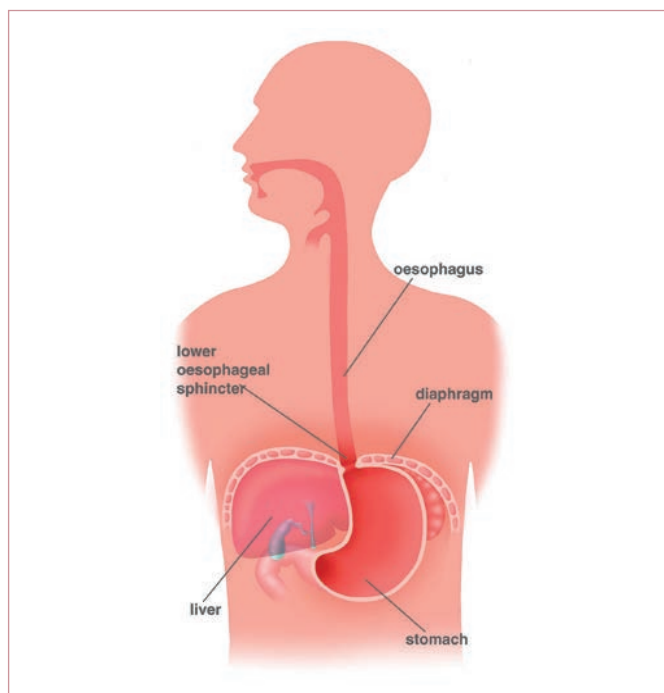


Heartburn

Heartburn is a burning feeling that rises from the stomach or lower chest up towards the neck. It can occur at any time, but usually it happens after eating. Heartburn may occur while simply bending or lying down, and it can disturb sleep in a few people. Many pregnant women get heartburn, which goes away after the baby is born.



What causes heartburn?

The burning feeling is caused by acid and other juices that digest food leaking up from the stomach into the oesophagus (the passage between your stomach and your throat). The acid manages to escape (reflux) when the 'valve' at the top of the stomach (the lower oesophageal sphincter) relaxes. Many factors can lead to reflux (and heartburn symptoms) including pregnancy, overeating, stress, coffee, alcohol and certain foods (eg, fatty food). Other conditions can cause the lower oesophageal sphincter to be weakened or not as effective (eg, scleroderma, hiatus hernia).

Non-steroidal anti-inflammatory drugs (NSAIDs), some antibiotics (eg, tetracyclines), iron supplements and potassium supplements can also irritate the oesophagus and cause heartburn.

In some people they can also lead to ulcers in the stomach or gut which may bleed.

Could it be something more serious?

See your doctor urgently if you have:

- pain on swallowing
- chest pain or tightness
- difficulty swallowing (eg, food sticking or choking on food/fluids)
- the sensation of a "lump in the throat"
- unexplained weight loss
- bleeding or anaemia
- black bowel motions
- persistent regurgitation of food or vomiting
- vomit containing blood or dark granules.
- you are taking anticoagulants, such as warfarin, or NSAIDs (anti-inflammatories, such as Voltaren, ibuprofen)
- age >45 (Maori/Pacific Islander/Asian) or age >50 (other ethnicities)
- family history of stomach (gastric) cancer
- previous peptic ulcer disease

These may be warning signs for more serious conditions such as gastric (stomach) ulcers or, very rarely, stomach or oesophageal cancer. Your doctor will also check that it is not heart pain causing your symptoms.

Also, if you develop regular heartburn for the first time and are aged over 50 years (or age 45 years if you are Maori/Pacific Islander/Asian), if medication has not improved your symptoms after four weeks or if your symptoms get more frequent or severe, it is important to see a doctor.

However, for most people with heartburn, the problem is likely to be reflux disease.

Reflux disease

Heartburn is the most common symptom of reflux disease, which is also known as gastro-oesophageal reflux disease (GORD). People who have heartburn on two or more days a week are likely to have reflux disease (although you may still have it even if your symptoms occur less often). Three out of four people with heartburn have reflux disease.

Other less common symptoms of reflux include unexplained chest pain (ie, serious causes have been ruled out by your doctor), wheeze, cough, hoarseness, frequent belching and nausea.



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Dual relief from heartburn and indigestion





- Alginate forms a protective barrier
- Antacid helps neutralise stomach acid

Patient information – Heartburn



Damage caused by stomach acid

In people who have heartburn often or for a long period of time, the oesophagus can become inflamed (reflux oesophagitis) because it is damaged by the acid leaking up from the stomach. It is important that you report long term (three months or more or recurrent symptoms) or regular heartburn to your doctor who can prescribe medications to help heal any acid damage and control the symptoms. They can also arrange investigations if your symptoms are not controlled with medication.

People with frequent symptoms of GORD, ie, more than three times per week, are at significantly increased risk of developing oesophageal cancer compared with people without GORD.

Other possible complications

People with heartburn may occasionally develop other complications, such as respiratory problems (where breathing is made harder) like asthma, pneumonia, choking at night and a sore throat in the morning.

What can be done?

For some people with mild, infrequent symptoms, taking antacids or an alginate helps to relieve the pain and discomfort. An antacid neutralises the acid in your stomach and an alginate creates a protective barrier that prevents the contents of your stomach coming up into your oesophagus.

If your heartburn continues to be persistent, or if your doctor has diagnosed you with reflux disease, then you will be given lifestyle advice and you may benefit from another type of medication.

Lifestyle Advice

If symptoms occur often or at night, raising the head of the bed by 10cm (thus lifting your head slightly higher than your stomach) can reduce night-time reflux if this can be done safely (do not use extra pillows as these will increase the pressure from the stomach). Eating smaller meals, avoiding tight clothing, avoiding fatty foods and avoiding eating in the few hours before going to bed all can help reduce symptoms, as can stopping smoking, caffeine and reducing alcohol intake and stress. Relaxation techniques may be helpful if anxiety or stress are an issue. If you are overweight, losing weight could also help improve your symptoms.

Medication

Proton pump inhibitors and H2 blockers are two drugs that can effectively reduce the amount of acid in your stomach. For the vast majority, this treatment allows the oesophagus to heal and relieves the symptoms entirely.

If your symptoms have not resolved after 4 weeks of treatment or are severe your doctor may increase the medication dose or refer you for further investigation.

Most people find that their symptoms get better with medication. In this case, your doctor will 'step down' your medication dose then change you to a milder medication over 3 to 6 months before stopping medication completely. Some people experience 'rebound' reflux symptoms when they stop treatment with a proton pump inhibitor, but these generally settle after a couple of days.

If your symptoms recur in less than one month after stopping medication and are severe and frequent your doctor may refer you to see a specialist for investigations. If your symptoms recur and are milder, or recur more than one month after stopping your medication, your doctor will check for any concerning symptoms and may restart your treatment.

Tip: If you are prescribed a proton pump inhibitor, they are best taken 30–60 minutes before food (ideally before the first meal of the day).

Endoscopy

Your doctor may refer you to a specialist for an endoscopy. An endoscope is a flexible tube attached to a tiny video camera that is used to examine the inside of the digestive tract. Endoscopy is not painful but some people find it uncomfortable and your throat may be sore afterwards.

Surgery

Surgery (fundoplication) is an option for a few patients if other attempts at controlling reflux have failed. Surgery aims to provide a cure by strengthening the valve at the top of the stomach. But, as with all surgery, there are associated risks.

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