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INFORMATION ABOUT

INDIGESTION

WHAT WHY
WILL HOW OR
IF WHEN

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FIGHTING GUT AND LIVER DISEASE

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INDIGESTION

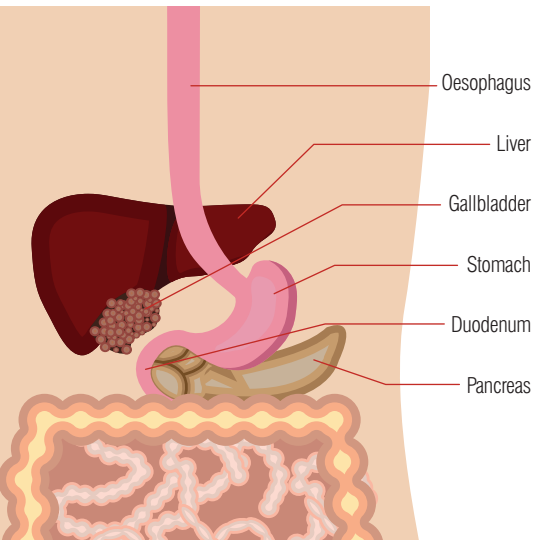
Indigestion is one of those words that we all think we understand but which can be rather hard to actually define.

It is best used as a term to describe unpleasant or even painful sensations in the top of the abdomen or perhaps in the lower part of the chest, which usually occur after eating or drinking¹. Indigestion is a symptom but not a disease as such. It is so common that nearly everyone experiences it from time to time.

Doctors sometimes give indigestion the rather grander name of **dyspepsia** but the two words actually mean the same thing.

Using rather vague terms means that indigestion can mean different symptoms from one person to another. To some extent, these symptoms vary because they depend on the nature of the underlying problem, which is causing indigestion.

The upper gut consists of the oesophagus, stomach and duodenum.



For example, some people may feel a burning sensation rising up into the chest, called heartburn. After a hot or spicy meal, others experience a more general feeling of fullness and discomfort. Sometimes, a more localised painful sensation just below the tip of the breastbone is felt. Indigestion can occur by itself or may be accompanied by other symptoms, such as nausea or sometimes vomiting. It appears to affect between 25-41% of the population with around a quarter visiting their GP for advice².

WHAT CAUSES INDIGESTION?

Indigestion is so common that many regard it as a normal part of their lives. Almost all of us are likely to experience indigestion from time to time, often after a heavy, spicy or fatty meal, sometimes when we have rushed our food but quite often when we have simply had too much to eat or drink¹.

Whilst gastric and duodenal ulcers used to be a common cause of indigestion only a few years ago, they occur less frequently nowadays. Part of the reason for this is that most ulcers are caused by an infection called *Helicobacter pylori* and this bacterium (stomach bug) is becoming less and less common.

We know that people who have to take anti-inflammatory drugs for arthritis and similar conditions are at particular risk of developing both indigestion and a peptic ulcer, as these can damage the lining of the stomach³. An increasing number of people get indigestion because the acid in their stomach can reflux back up into their oesophagus (gullet).

Less commonly, indigestion symptoms can be due to gallstones, disease of the pancreas, and rarely are caused by cancer in the stomach or oesophagus. Happily, the vast majority of people with indigestion don't have any of these conditions: such patients are said to have functional 'non-ulcer dyspepsia'⁴.

WHY IS THIS HAPPENING TO ME?

Because the cause of indigestion is often difficult to determine, it is not always easy to say why certain individuals get these symptoms. The more common causes of indigestion include:

- ✔ Over-eating,
- ✔ Rushed meals and
- ✔ A lot of spicy and fatty food.

However, some people are more prone to underlying conditions such as peptic ulcer disease. This may be partly because ulcers tend to run in families, but ulcers are also more common in people who smoke and those who take one of the many anti-inflammatory drugs for joint and muscle pains.

Helicobacter infection usually starts in childhood although indigestion can take many years to develop. Alongside these, reflux is more common in people who are overweight or those that feel under stress. But for many people, there is no obvious reason why such symptoms occur – they just do.

WHAT SYMPTOMS MIGHT I EXPECT?

Most indigestion sufferers have their own pattern of symptoms, which range from mild discomfort in the upper part of the abdomen to quite severe pain, which sometimes might go through into the back. This can be accompanied by a burning discomfort, rising up from the breastbone into the throat, when reflux of stomach contents into the oesophagus may take place⁵. There may also be nausea and retching or vomiting and others feel very full and bloated after meals.

Occasionally, people with indigestion go on to develop complications from the condition that is giving rise to their symptoms. For example, those who suffer from ulcers causing indigestion can find their ulcers may bleed or can perforate² (make a hole). When ulcers bleed, this results in vomiting blood, which either looks quite fresh, or it may resemble coffee grounds. Alternatively, the blood may appear at the other end resulting in the passage of black motions that look like tar. A perforated ulcer causes severe abdominal pain.

SHOULD I SEE MY DOCTOR?

We know that indigestion is very common, and most people are able to take care of their symptoms by purchasing over-the-counter remedies from the pharmacist. However, it is worth seeking medical attention if you start getting these symptoms in middle age or later. Also, think about making an appointment if your indigestion does not settle with simple over-the-counter remedies. There are a wide variety of medicines to try.

If you are feeling generally unwell, losing weight or have any other reason to think that there is a serious problem with your health, then you should arrange to see your doctor as soon as possible. Any signs of possible internal bleeding mean that you should seek medical advice without delay. A strong family history of cancers in the abdomen should also trigger consultation and examination by a doctor.

WILL I NEED TESTS?

There is no simple answer to this question. It was only recently that many doctors thought that almost all patients with indigestion should have investigations at the hospital. This usually meant having an endoscopy examination, which would involve you being asked to swallow a flexible tube to examine you internally. Over the past 10 years, guidance to doctors about how best to investigate patients with indigestion has changed several times. It is fair to say that, nowadays, it is not thought necessary to carry out an endoscopy on most people with indigestion. Unless you have symptoms that lead your doctor to have cause for concern, an endoscopy is rarely essential. Many individuals will be advised - based on their symptoms - to have some treatment either to reduce the amount of acid that the stomach makes, or perhaps to clear *Helicobacter pylori* if that is identified by testing⁶ (see below).

WHAT MIGHT THE DOCTOR DO IF I HAVE HELICOBACTER PYLORI?

There is good evidence that *Helicobacter* infection increases your chance of having a peptic ulcer, and possibly also causes you to have indigestion without necessarily having an ulcer.

On the other hand about half of people who pick up this infection don't have symptoms

at all⁷. If you have indigestion, your doctor can check if you have *Helicobacter* infection either by doing a test on blood taken in the surgery or by a simple breath test. If the results are positive and suggest you have the infection, you are likely to be advised to take a one-week course of treatment with three separate drugs (triple therapy), which are often given without the need for any further investigation. (For any questions about *H. pylori*, see the separate *H. Pylori* leaflet.)

Getting rid of the infection also reduces your chances of ever having an ulcer or cancer, but clearing the infection doesn't always mean you will stop having indigestion, but it should improve symptoms. However, if you are an older patient, or someone whose symptoms are persistent and respond badly to treatment, your doctor may recommend that you undergo further investigations. Although we know that having *Helicobacter pylori* in your stomach greatly increases your chance of having an ulcer, it's important to realise that as many as half the people who pick up this infection don't go on to have any symptoms at all⁷.

WHAT FURTHER TESTS MIGHT I NEED?

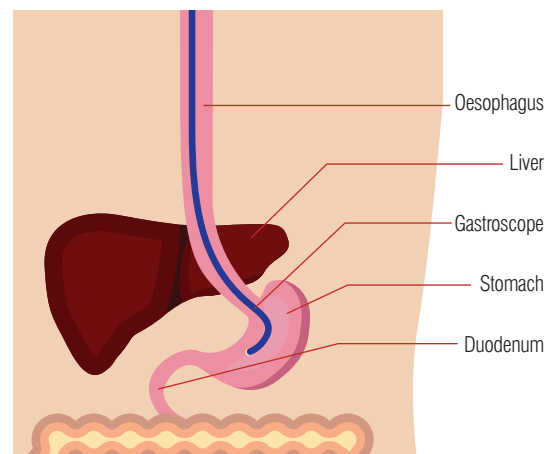
The most common investigation for those suffering with indigestion is an upper gastrointestinal endoscopy (known as gastroscopy for short), which is a day-case procedure in hospital. As technology improves, this procedure is becoming less and less uncomfortable.

Although it is not especially pleasant, most people can tolerate just a few minutes of discomfort (the procedure is not painful) by having an anaesthetic spray to the throat. If you are apprehensive or feel you have a sensitive throat, there are alternatives to make the procedure less daunting.

Endoscopy provides a great deal of information about your gullet, stomach and duodenum, and gives the specialist the opportunity to take samples of tissue to look for inflammation and infection.

WHAT IF I DON'T WANT AN ENDOSCOPY?

No one is going to insist that you have an endoscopy, although the procedure is much less unpleasant than it used to be. However, if you are unwilling to have an endoscopy for any reason, it may be reasonable to check whether you have *Helicobacter* infection and give you treatment if the result is positive. This is called 'test-and-treat'. This way of helping patients with indigestion is proving increasingly attractive to GPs.



Unless there is strong evidence that you have something quite seriously wrong, taking tablets that reduce the amount of acid that is made in your stomach can control many of the causes of indigestion. A wide variety of medicines are available to your GP to cut down stomach acid. Your doctor will advise which is most appropriate for you.

WHAT IS THE BEST TREATMENT FOR INDIGESTION?

Treating indigestion starts by looking for causes which can easily be remedied: *over-eating, excess alcohol, heavy smoking, rushed meals, eating too much fatty or spicy foods and taking medications which cause indigestion.*

Most patients with indigestion are able to control their symptoms simply by taking over-the-counter antacid tablets or liquids from the pharmacist⁸. Some of these treatments work by neutralising stomach acid while others reduce the amount of acid your stomach produces.

The *Helicobacter* test-and-treat approach, which can be organised by your general practitioner, is also often very effective⁸.

It's a good idea to have treatment for *Helicobacter* infection even if the doctor can't be sure if the infection is causing your symptoms. Getting rid of the infection will reduce your chance of ever having an ulcer (or an even more serious disease) in your stomach, but it is important to appreciate that clearing the infection does not always mean that you will stop having indigestion. Patients who have *Helicobacter pylori* but non-ulcer dyspepsia are not going to see their symptoms improve.

CAN I HELP MYSELF?

As indicated above, an inappropriate diet and eating habits, and taking drugs likely to cause stomach irritation, are common causes of indigestion, and present obvious opportunities for you to help yourself. There isn't much evidence that stress and worry are linked with indigestion but any measures which promote good health – exercise, weight loss, healthy eating and cutting down on smoking and alcohol, are also likely to improve your general sense of well being.

HOW IMPORTANT IS DIET?

Some individuals find that particular foods bring on indigestion every time they are eaten – bananas, cucumbers, nuts, tomatoes, citrus fruit, curry – with the list being almost endless! Large quantities of spicy and fatty foods, large meals and large amounts of alcohol are likely to bring on indigestion in anyone. Changing your diet is one way of reducing the amount of trouble your indigestion gives you. An experimental process should indicate which foods cause you indigestion – it can be different for each individual.

HOW CAN THE DOCTOR HELP?

Your general practitioner can help in a number of ways. Having listened to your symptoms and examined you, the GP is likely to be able to reassure you that there is no serious underlying cause for your symptoms. Your GP can request a Helicobacter test on a blood sample taken in the surgery, and triple antibiotic therapy can be prescribed in general practice. Your GP can also arrange a follow up breath test to make sure the Helicobacter infection has cleared up. Your doctor will also be able to advise you about whether any other medication that you are taking are likely to be causing indigestion and, should simple medicines obtained from the pharmacist be ineffective, will be able to prescribe longer- term antacid or acid suppressing medication for you.

WILL I NEED TREATMENT FOREVER?

Many patients with indigestion find that their symptoms improve after they have been investigated and treated by their GP. A small number, however, do go on to have longer- term problems, and they may find that they need to take treatment over a prolonged period. Sometimes, treatment need not be continuous. Finding the lowest

dose of the medicine that keeps you well is a wise strategy. You may be able to have breaks between courses of tablets, and just take your treatment when you feel worse.

IS INDIGESTION EVER SERIOUS?

The short answer is not usually. Most people with indigestion don't have anything seriously wrong. The prevalence of having an ulcer in the stomach or duodenum causing indigestion is small at 13%⁸, and this can usually be easily dealt with. Only a tiny number (approximately 1%)⁸ of, usually considerably older, patients turn out to have a growth of some kind in their stomach or oesophagus. A small number of patients with reflux symptoms, such as heartburn, may be advised to have regular but infrequent endoscopy tests.

WHAT RESEARCH IS NEEDED?

Medical research has enabled many of the important questions about ulcer disease to be answered. However, we have much to learn about Helicobacter pylori and why it causes important problems for some but not all. It would be a major breakthrough to find out why there are people with Helicobacter infection who never have symptoms. Indigestion is one of the commonest reasons for people to visit a GP. We must find out why it is so common – prevention is much better than cure.

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You can find more information about digestive diseases and about Core's work by visiting our website at **www.corecharity.org.uk** or by calling **020 7486 0341** during office hours.

This leaflet was published by Core in 2014 and will be reviewed during 2016. If you are reading this after 2016 some of the information may be out of date. This leaflet was written under the direction of our Medical Director and has been subject to both lay and professional review.

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