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ALL YOU NEED TO KNOW ABOUT

# HEARTBURN & REFLUX



FUNDING RESEARCH  
INTO DISEASES  
OF THE GUT, LIVER  
& PANCREAS



# THIS FACTSHEET IS ABOUT HEARTBURN & REFLUX

Heartburn is extremely common, affecting up to 25% of UK adults. It 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 with the discomfort often rising upwards and outwards.

Reflux is the regurgitation of some stomach contents including gastric acid (gastric reflux) into the oesophagus and is the major symptom of gastroesophageal reflux disease. Reflux mostly occurs without us being aware that it is happening.

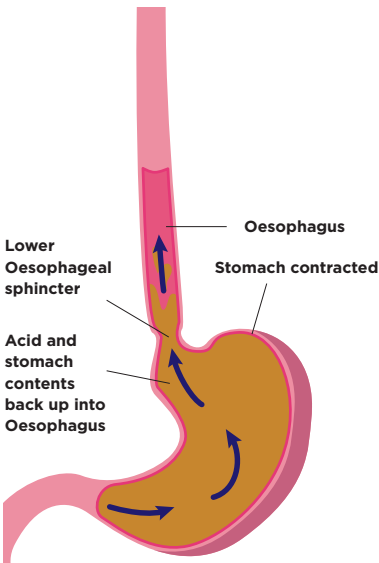
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## CAUSES OF HEARTBURN & REFLUX

When food or drink is ingested, it passes from the mouth, down the oesophagus (gullet) into the stomach. A muscular ring (lower oesophageal sphincter) that joins the oesophagus to the stomach ensures that this flow is one way. Reflux occurs when this one-way system fails and whatever happens to be in your stomach travels in the wrong direction back up into the oesophagus. The stomach makes acid, which aids digestion by breaking down food and drink. Whilst the stomach can resist acid, if it refluxes in sufficient quantities into the oesophagus it will cause pain (heartburn) and sometimes the lining of the oesophagus can become inflamed (oesophagitis). If the inflammation is severe, ulcers can form.



**Lifestyle factors:** there are certain factors which appear to increase the risk of heartburn and reflux. These include:

- Smoking
- Drinking alcohol in excess
- Pregnancy
- Weight gain
- Stooping or bending forwards

**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.

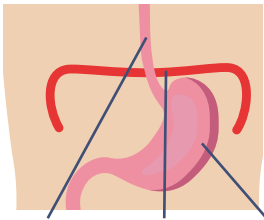
**Hiatus hernia:** a hiatus hernia is when part of the stomach slides upwards into the chest by pushing itself through a hole (called the hiatus) in the diaphragm muscle (sliding hiatus hernia). The hernia itself rarely causes any symptoms but it does seem to make reflux more likely. Between 15%-25% of people suffer from a hiatus hernia and it is more common in the male population. For those people who have a large hiatus hernia, surgery may be required.

However, many people can suffer from heartburn when there is no apparent lifestyle or other factor. It is also quite common for people to develop symptoms because of reflux when there are no signs of oesophagitis. Doctors believe that in such cases the lining of the oesophagus is unusually sensitive to reflux of acid.

### WHAT ARE THE USUAL SYMPTOMS OF HEARTBURN & REFLUX?

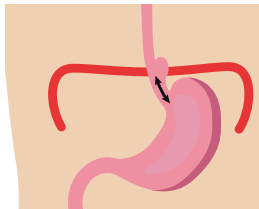
Heartburn often seems worse after rich meals, citrus fruits, hot beverages or alcohol. Occasionally it can be felt deeply within the chest, almost within the back although sometimes the burning feeling can reach all the way up to the throat. Some patients notice reflux when some of the contents of their stomach 'repeat' by coming back up the oesophagus as far as the throat or even the mouth. A few patients notice discomfort or pain as they swallow and may often experience frequent throat clearing, coughing and choking. It is quite common for these symptoms to be worse at night or when lying down.

Normal oesophagus and stomach

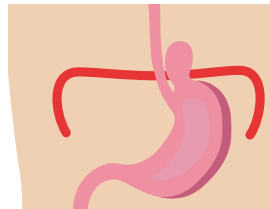


Oesophagus Diaphragm Stomach

Sliding Hiatus Hernia



Paraesophageal Hiatus Hernia



For most people with the condition, heartburn and reflux is just a nuisance and little more than that. In a few people, especially where there is severe inflammation of the oesophagus, there is a risk of complications that can include internal bleeding and narrowing of the gullet. One in ten people with acid reflux have Barrett's Oesophagus. This is a condition that can, very rarely, progress to cancer of the lower oesophagus. If you are worried about these complications, discuss them with your GP.

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### **You must always see your GP if:**

- You have taken acid suppressant medications, purchased from the pharmacy, for four weeks or more
- Lifestyle changes and pharmacy medicines aren't helping
- You have heartburn most days for three weeks or more
- You have other symptoms like food getting stuck in your oesophagus, frequently being sick or unintentional weight loss

### **HOW ARE HEARTBURN & REFLUX DIAGNOSED?**

Your doctor 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, your GP is likely to request a gastroscopy. This will ensure there are no underlying problems with your oesophagus or stomach. Up to half of all patients with symptoms that suggest they have reflux turn out to have only mild inflammation or an oesophagus that looks quite normal.

**Gastroscopy:** this involves passing a thin, flexible tube through the mouth and down into your oesophagus, stomach and start of small intestine. The endoscopist will be looking for signs of inflammation. It is usually carried out as an outpatient and takes less than 15 minutes. You can choose to have a local anaesthetic throat spray and/or sedative. The endoscopist can guide you in this decision. The procedure is not painful, but it may be uncomfortable at times.

**Barium meal:** an alternative to a gastroscopy is a barium meal. This involves drinking some barium liquid which will show up your oesophagus, stomach and first part of the small intestine on x-ray. It gives less information than a gastroscopy but is good at showing whether you have a hiatus hernia or whether your oesophagus is narrowed for any reason.

## WHAT TREATMENTS ARE AVAILABLE FOR HEARTBURN & REFLUX?

Most treatments revolve around lifestyle changes as your symptoms are likely to lessen if you take measures to reduce the amount of reflux that you have. For example, stopping smoking and drinking less alcohol can all make a big difference to the discomfort you experience. Some foods are more likely than others to trigger reflux symptoms so you may find it helpful to look at how you eat as well as what you eat. Avoid late night, high fat meals so you don't go to bed with a full stomach. Propping up your head when you sleep may also alleviate symptoms. Eat little but more often if necessary. Try to avoid bending forward or wearing tight clothes as this can put extra pressure on your stomach.

There are also a variety of medicines you can buy at your local pharmacy to help lessen your reflux symptoms.

**Antacids:** alkaline liquids or tablets that reduce the amount of stomach acid. They work immediately and last for four hours. They are best taken after meals and before going to bed.

**Acid-surpressing medications:** capsules or tablets which reduce the amount of acid produced by the cells in your stomach.

These are split into 2 groups:

- **Histamine H2-receptor antagonists (H2 blockers):** these include ranitidine, cimetidine, famotidine and nizatidine. These can be taken prior to bedtime.
- **Proton pump inhibitors (PPIs):** these include omeprazole, pantoprazole and esomeprazole. These are best taken 30 minutes prior to breakfast or evening meal.

Proton pump inhibitors are very effective in managing the symptoms of heartburn and reflux. However, like many other medicines they have potential adverse effects. Speak to GP if you are concerned about possible side effects of your medication.

It is recommended that PPIs are taken for the shortest time at the lowest dose. Exceptions to this are those patients who have confirmed (at gastroscopy) severe reflux disease. Your GP, pharmacist, endoscopist or gastroenterology specialist will be able to discuss with you any concerns you have regarding your acid medication.

## **DO HEARTBURN & REFLUX NEED TO BE MONITORED AND, IF SO, HOW?**

Many people find their symptoms improve greatly if they change their lifestyle. Others may need to take medicines from time to time or long-term, depending on the results of a gastroscopy. There are some people for whom drug treatment is not suitable for one reason or another. In such cases, your GP may then refer you to your local hospital's Gastroenterology Department for their advice. The specialist may choose to measure the amount of acid you are refluxing over a 24-hour period. This is called pH monitoring. The test is often useful when considering if anti-reflux surgery would be appropriate.



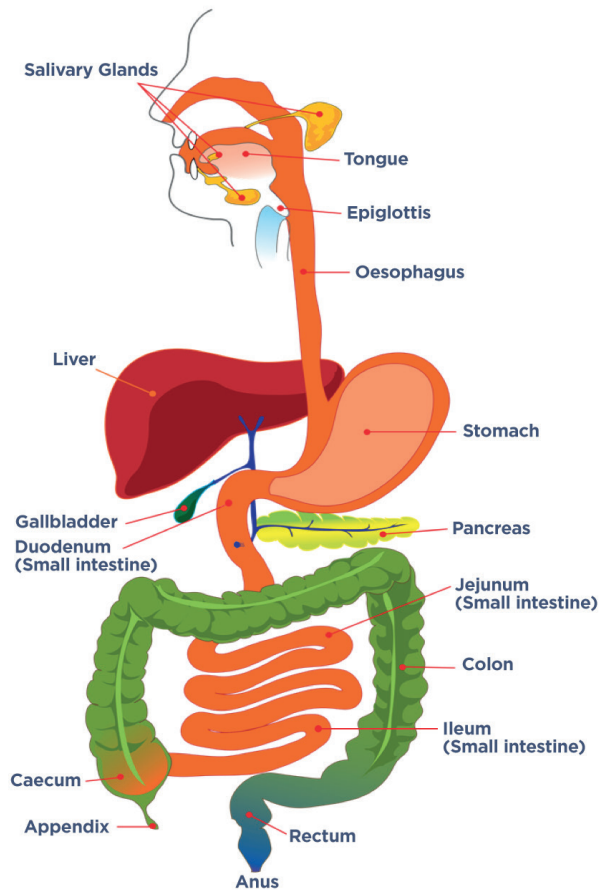
### **WHAT TO ASK YOUR DOCTOR?**

- Do I need a gastroscopy?
- Are PPIs safe for me?
- What monitoring will I need?

**For more information about research in this area please contact Guts UK.**

**[gutscharity.org.uk](https://gutscharity.org.uk) | 020 7486 0341 | [info@gutscharity.org.uk](mailto:info@gutscharity.org.uk)**

OUR DIGESTIVE SYSTEM



MY NOTES



**Can you support Guts UK charity?**  
Whatever you do already, do it for  
Guts UK charity. The more we all  
know about our digestive system,  
the better we can look after it.



Fancy making us a knitted guts  
set for education purposes?  
Contact us for a pattern



**IF YOU FIND THIS INFORMATION USEFUL,  
PLEASE SHARE IT WITH OTHERS**



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## About Guts UK

Guts UK's vision is of a world where digestive disorders are better understood, better treated and everyone who lives with one gets the support they need.

Our mission as Guts UK is to provide expert information, raise public awareness of digestive health and transform the landscape for research into our digestive system to help people affected by diseases of the gut, liver and pancreas.

## WE ARE PASSIONATE ABOUT OUR GUTS. COME ON BOARD AND JOIN US.

This charity was set up to change something – to increase the levels of research into diseases of the gut, liver and pancreas so no one suffers in silence or alone. Since 1971 we have funded almost 300 projects and invested £14 million into medical research that leads to better diagnoses and treatments for the millions of people who are affected by digestive diseases and conditions.

But we still have much more to do.

### Will you support Guts UK?

Give a donation today and play your part in the next vital research that will change things for future generations of people affected by the frustration and misery of digestive disease.

Together we can make more important change happen. Vital answers, new treatments and hope.



**FIND OUT MORE**  
visit [gutscharity.org.uk](https://gutscharity.org.uk)

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# gUTS UK!

FUNDING RESEARCH INTO DISEASES  
OF THE GUT, LIVER AND PANCREAS

TURN OVER FOR  
DONATION FORM



# DONATION FORM

You can donate by filling in the form below and sending it to **Freepost RTJK-YYUL-XXSZ, Guts UK, London NW1 4LB**, online at **gutscharity.org.uk**, by calling us on **020 7486 0341** or by texting **GUTS18** and your donation amount to **70070**

## DONATING IS EASY

- 1 Choose whether you want to make a one-off donation, or make regular donations.
- 2 Enter your details in the form below.
- 3 Send this form, via Freepost to us or call us to take payment.

## YOUR DETAILS

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Tel	<input type="text"/>	Email	<input type="text"/>

## MAKE A ONE-OFF DONATION

Card no	<input type="text"/>	Expiry	<input type="text"/> / <input type="text"/>	Sec code	<input type="text"/>
Address (if different from above)	<input type="text"/>				
	<input type="text"/>				
Please call me on	<input type="text"/>	to take my details	<input type="checkbox"/>		

## I would like to support GUTS UK with a donation of

£5 ☐ £10 ☐ £25 ☐ £50 ☐ £100 ☐ £500 ☐ Other

## SUPPORT BY REGULAR GIVING

Instruct your Bank or Building Society to pay by Direct Debit. Please fill in the form in ballpoint pen and send to: **Freepost RTJK-YYUL-XXSZ, Guts UK, London NW1 4LB**



Name(s) of Account Holder(s) <input type="text"/>	Guts UK reference <input type="text" value="0003 /"/>
Bank/Building Society Accu No. <input type="text"/>	Sort code <input type="text"/>
Name and address of your Bank or Building society Branch name: <input type="text"/>	Instruction to your Bank or Building Society Please pay Guts UK Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with GUTS UK and, if so, details will be passed electronically to my Bank/Building Society.
Address: <input type="text"/>	Signature(s) <input type="text"/>
Postcode: <input type="text"/>	Date <input type="text"/>
Contact number <input type="text"/>	Payment date (not 31st) <input type="text"/>
	Amount <input type="text"/>

**Note:**  
Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

*giftaid it*

**Please turn every £10 you donate into £12.50 - at no extra cost to you!**

I am happy for all gifts of money that I have made to Guts UK charity (Core) in the last four years and all future gifts of money that I make to be Gift Aid donations. I am a UK taxpayer and understand that if I pay less Tax & Capital Gains Tax in that tax year than the amount of Gift Aid claimed on all my donations across all charities, it is my responsibility to pay any difference. Guts UK charity claims 25p for every £1 you donate from the tax you pay for the current tax year. *If your circumstances, name or address change, please do let us know.*

Add Gift Aid ☐ Signature(s)  Date

## WOULD YOU LIKE US TO STAY IN TOUCH?

By post ☐ By email ☐ By telephone ☐

## RECEIPT DETAILS

I require a receipt for this donation ☐