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ALL YOU NEED TO KNOW ABOUT

# INDIGESTION



# THIS FACTSHEET IS ABOUT INDIGESTION

Indigestion (also known as dyspepsia) is a term used to describe unpleasant or even painful sensations at the top of the abdomen or in the lower part of the chest, usually occurring after eating or drinking. Indigestion is a symptom, not a disease and is so common that virtually everyone will experience it at some time.

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## CAUSES OF INDIGESTION

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 drink. Whilst gastric and duodenal ulcers used to be a common cause of indigestion only a few years ago, they occur less frequently nowadays. This is partly because most ulcers are caused by an infection called *Helicobacter pylori* and this bacterium (stomach bug) is becoming less and less common. 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 as these can damage the lining of the stomach. Alongside these, reflux is more common in people who are overweight or those that feel under stress.

An increasing number of people suffer from reflux associated with indigestion because the acid produced in their stomach can travel (reflux) back up into their oesophagus (gullet). Less commonly, indigestion symptoms can be due to more serious conditions such as gallstones, disease of the pancreas, and rarely, cancer of the stomach or oesophagus. Happily, the vast majority of people with indigestion don't have any of these conditions and for most there is no obvious reason why such symptoms occur – they just do.

## WHAT ARE THE USUAL SYMPTOMS OF INDIGESTION?

Symptoms can vary greatly from one person to another and depend on the underlying problem causing the indigestion. 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. Some people may feel a burning sensation rising up in the chest called heartburn, while others experience a more general feeling of fullness and discomfort in the upper abdomen after a meal. Sometimes, a more localised painful sensation just below the breastbone is felt or a combination of all three. Indigestion can occur by itself or may be accompanied by other symptoms such as nausea, retching or vomiting. It appears to affect 25%-41% of the population at any time with around a quarter of these visiting their GP for advice.

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## HOW IS INDIGESTION DIAGNOSED?

If your indigestion does not settle with lifestyle changes, simple over the counter remedies or 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. In addition, seek medical attention if you start getting these symptoms in middle age, or later, or you have a strong family history of cancers in the abdomen. Any signs of possible internal bleeding is an emergency and means that you should seek medical advice without delay.

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 pylori* test on a blood or stool sample taken in the surgery and, if diagnosed, treatment can be prescribed in general practice. Your GP can also arrange a follow up breath test to make sure the *Helicobacter pylori* infection has cleared up.

## HOW LIKELY IS IT THAT *HELICOBACTER PYLORI* IS THE CAUSE OF MY INDIGESTION?

There is good evidence that having a *Helicobacter pylori* infection in your stomach 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 all. If you have indigestion, your doctor can check if you have *Helicobacter pylori* 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.

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

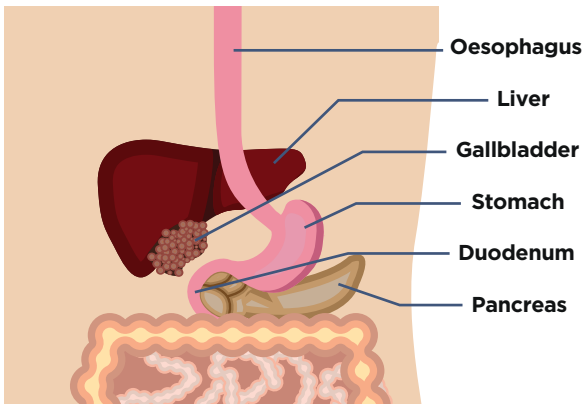
(For more information on *Helicobacter pylori* and on non-ulcer dyspepsia visit the Guts UK website).

## WHAT TREATMENT IS AVAILABLE FOR INDIGESTION?

Treatment usually starts by looking for causes which can easily be remedied by simple lifestyle changes or exclusion from diet. These include over-eating and weight gain, excess alcohol, heavy smoking, rushed meals, eating too much fatty or spicy foods and taking medications which cause indigestion. Changing and experimenting with your diet including removing the potentially problematic food from your diet should indicate which food or foods are the cause of your indigestion.

Most patients with indigestion are able to control their symptoms simply by taking over-the-counter antacid tablets or liquids from the pharmacist. Some of these treatments work by neutralising stomach acid while others reduce the amount of acid your stomach produces. There are many products on the market so it is worth discussing all the options with your pharmacist.

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 from the pharmacist be ineffective, will be able to prescribe longer-term anti-acid or acid suppressing medication for you.



## WHAT FURTHER TESTS MIGHT I BE OFFERED?

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. This involves swallowing a thin flexible tube with a camera on the end so that the endoscopist can view the inside of your oesophagus, stomach and duodenum and check for inflammation or infection. 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.

If you are being offered an endoscopy you should check that your doctor has first ruled out *Helicobacter pylori* infection or other mild conditions as the cause of your indigestion. If this is the case, then the doctors may feel that it is safest to check that you do not have a more serious condition which may only be picked up via endoscopy. The final decision is always up to you, but it is worth considering that if you have a serious problem behind your indigestion a few minutes of discomfort during endoscopy can prevent you from having more invasive treatment in the future as well as giving you a better chance of a full recovery. Advances in endoscopy techniques and devices mean that this procedure is becoming more comfortable all the time.

### HOW CAN INDIGESTION AFFECT ME OVER TIME?

Many patients with indigestion find that their symptoms improve either through self-help or 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. 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.

#### WHAT TO ASK YOUR DOCTOR?

- How can I best self-manage my indigestion?
- Should I be checked for *Helicobacter pylori* infection?
- Do I need an endoscopy and if so why?
- What follow up or monitoring do 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)**



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