



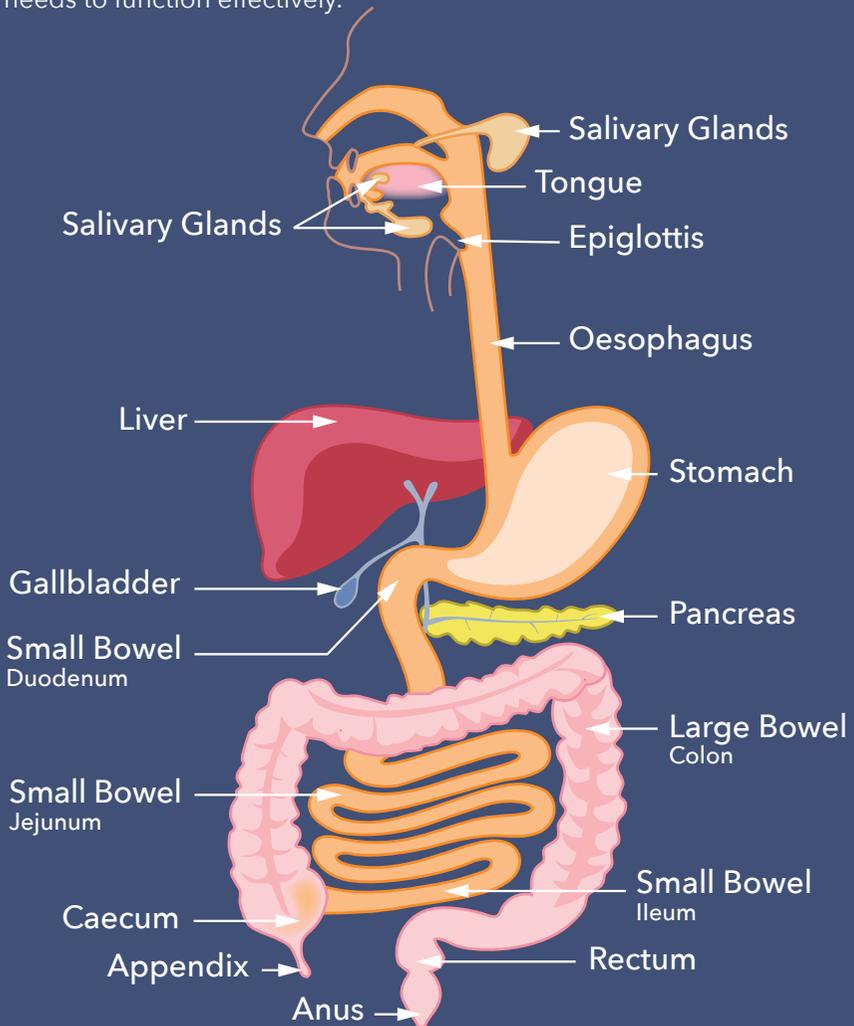
All you need
to know about

HEARTBURN & REFLUX

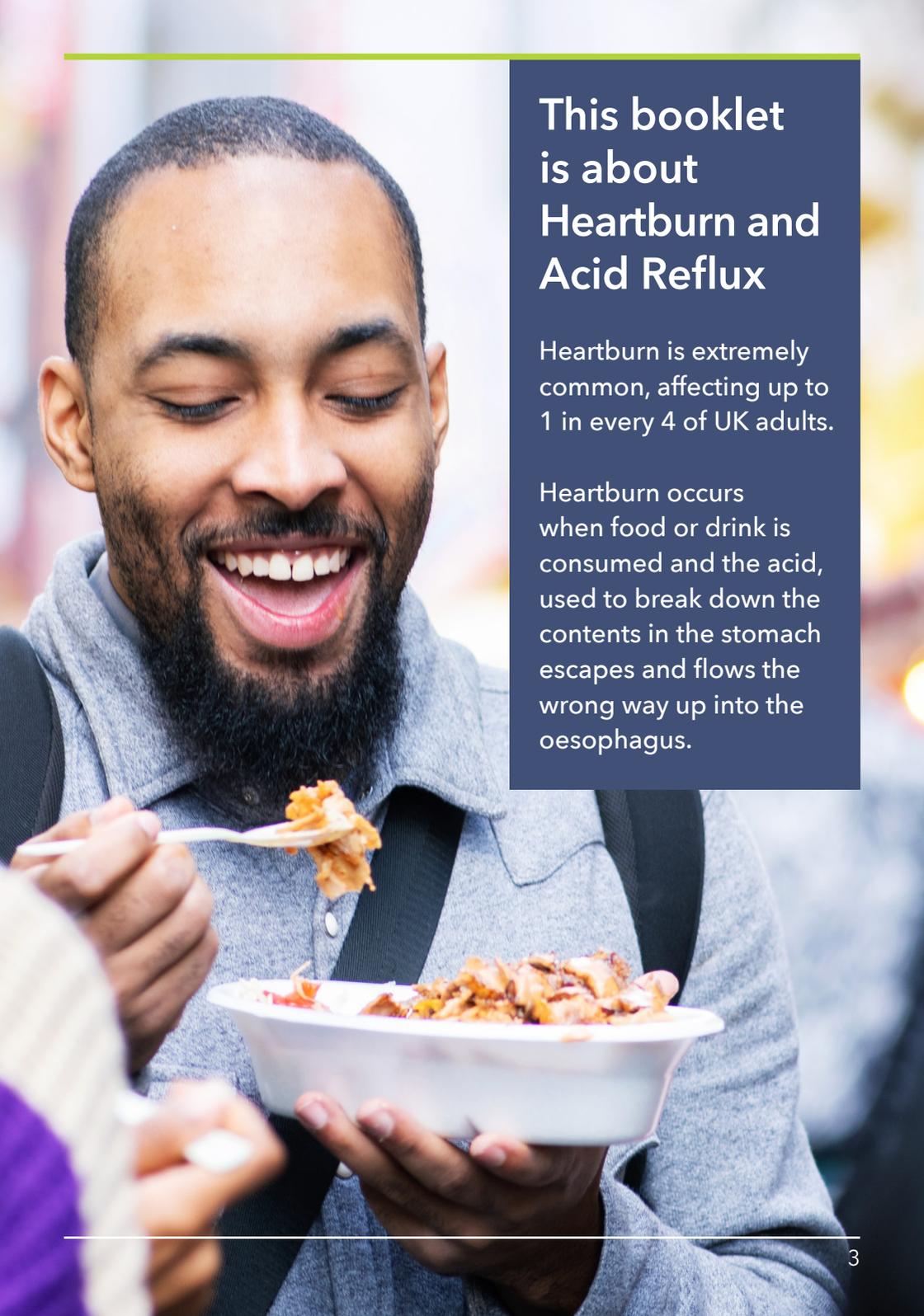


Our Digestive System

The Digestive System runs from the mouth to the anus and includes the stomach, the large and small bowels (intestines) and a number of accessory organs. The role of the digestive system is to turn food and liquid into the building blocks that the body needs to function effectively.



This leaflet was published by Guts UK charity in 2021 and will be reviewed in 2023. The leaflet was written by Guts UK and reviewed by experts in Heartburn and Reflux has been subject to both lay and professional review. All content in this leaflet is for information only. The information in this leaflet is not a substitute for professional medical care by a qualified doctor or other healthcare professional. ALWAYS check with your doctor if you have any concerns about your health, medical condition or treatment. The publishers are not responsible or liable, directly or indirectly, for any form of damages whatsoever resulting from the use (or misuse) of information contained or implied in this leaflet. Please contact Guts UK if you believe any information in this leaflet is in error.

A close-up photograph of a man with a beard and a grey hoodie, smiling broadly while eating from a white bowl. He is holding a fork with a piece of food. The background is blurred, suggesting an outdoor setting like a market or festival.

This booklet is about Heartburn and Acid Reflux

Heartburn is extremely common, affecting up to 1 in every 4 of UK adults.

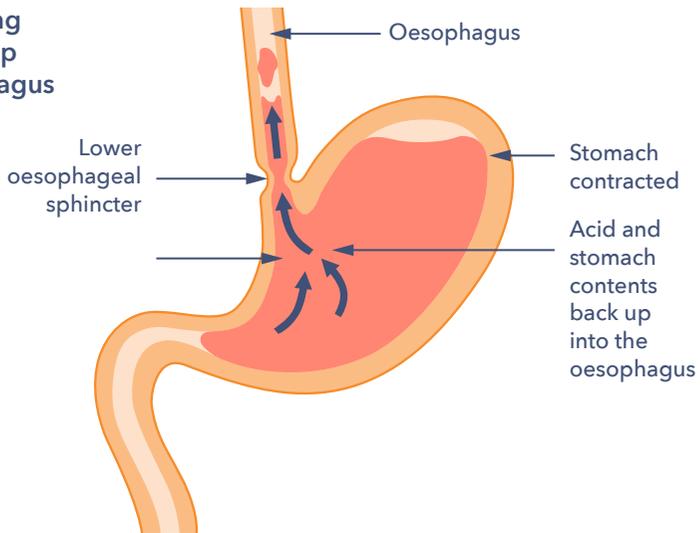
Heartburn occurs when food or drink is consumed and the acid, used to break down the contents in the stomach escapes and flows the wrong way up into the oesophagus.

Overview

Heartburn is a chest pain that occurs after eating, lying down, or bending over and is most usually described as 'burning' sensation.

The pain is located at the lowest end of the breastbone in the centre of the chest. The discomfort often rises upwards and outwards. Acid reflux is the regurgitation of some stomach contents including gastric acid (gastric reflux) into the oesophagus. It is the major symptom of gastroesophageal reflux disease (GORD). Reflux mostly occurs without us being aware that it is happening.

Stomach showing reflux backing up into the oesophagus



What causes the development of Heartburn and Acid Reflux?

When food or drink is consumed, it passes from the mouth, down the oesophagus (gullet) into the stomach. A muscular ring (lower oesophageal sphincter) which joins the oesophagus to the stomach should ensure that this flow is one way. Acid reflux occurs when this one-way system fails. Then 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). Sometimes the lining of the oesophagus can become inflamed (called 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 excess alcohol
- Pregnancy
- Stooping or bending forwards
- Excess Body weight

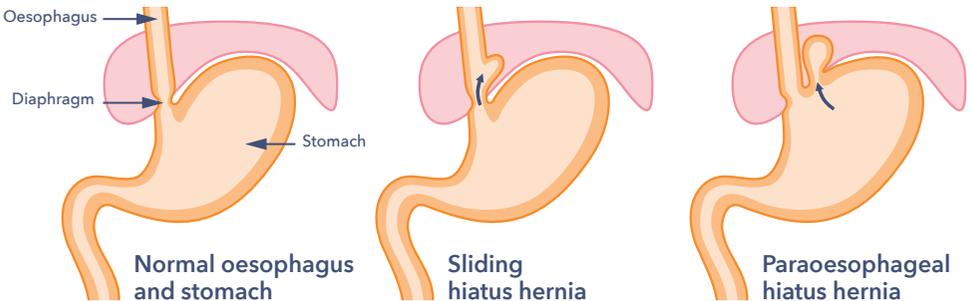
Pregnancy

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.

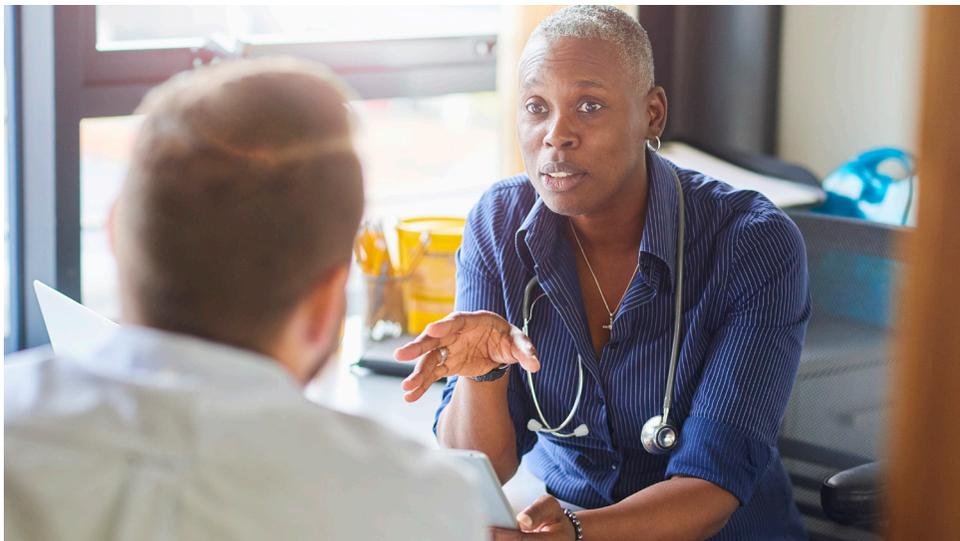
Hiatus Hernia

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.

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 inflammation in the gullet (oesophagitis). Doctors believe that in such cases the lining of the oesophagus is unusually sensitive to reflux of acid.



How is 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 and your symptoms continue or return, your GP may request an endoscopy. 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.

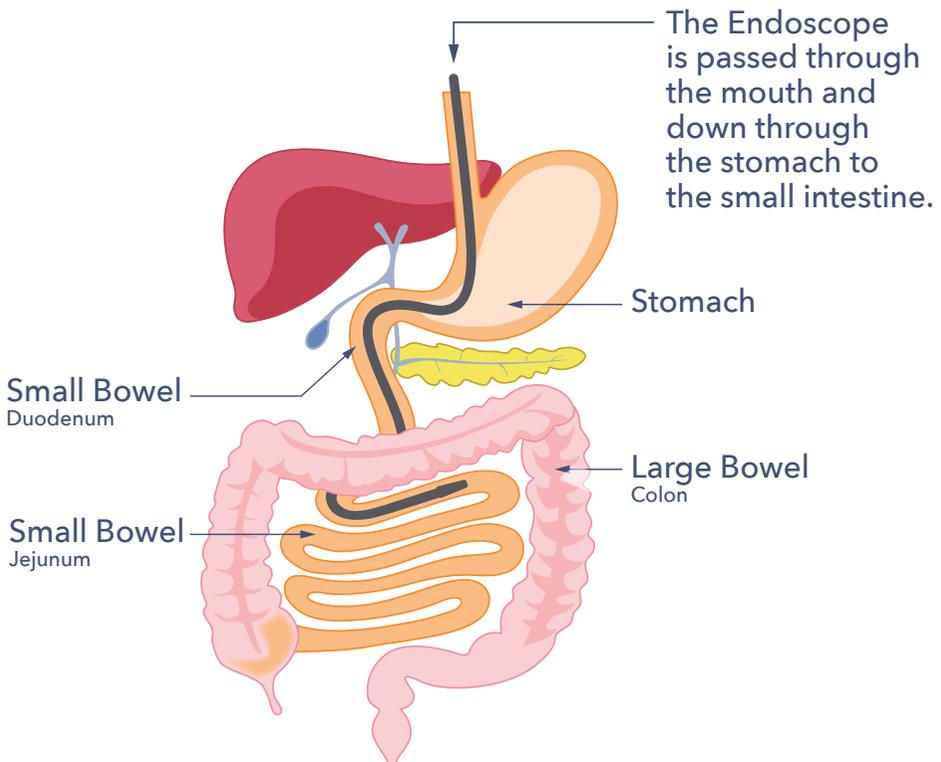
Cytosponge

This is a new test that is available in some areas of the UK to identify Barrett's oesophagus in people who have persistent heartburn and reflux symptoms. Barrett's oesophagus is a condition that can, very rarely, progress to cancer of the lower oesophagus. It is therefore important it is identified early.

For the Cytosponge test you swallow a small capsule with a sponge inside, which is attached to a piece of thread. Approximately 7 min after swallowing it, the capsule dissolves in the stomach, and the sponge inside is released and then a nurse removes the sponge by pulling on the thread. On the way out the sponge collects cells from the oesophagus lining, so that the laboratory can check if there are any changes in the cells.

Endoscopy

This test is conducted at a specialist unit and involves passing a thin, flexible tube through the mouth or nose and down into your oesophagus, stomach and start of small intestine⁹. It is usually carried out as an outpatient and takes less than 15 minutes. The endoscopist will take small tissue samples (biopsies) for analysis in the laboratory. You can choose to have a local anaesthetic throat spray and/or a 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 Meal¹⁰. 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 an endoscopy but is good at showing whether you have a hiatus hernia or whether your oesophagus is narrowed for any reason.

How can heartburn and acid reflux affect you?

Most people with the condition have mild symptoms that can be a nuisance however infrequently symptoms can be severe.



Symptoms

Heartburn often seems worse after rich meals, citrus fruit juice, 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 throat².

Some patients notice acid 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 some may experience frequent throat clearing, coughing and choking. It is quite common for these symptoms to be worse at night or when lying down.

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. These can include internal bleeding and narrowing of the gullet. One in ten people with acid reflux have Barrett's Oesophagus^{12, 13}. 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.

You must always see your GP if:

- You have symptoms like food getting stuck in your oesophagus, frequently being sick or unintentional weight loss lifestyle changes and pharmacy medicines aren't helping.
- You have heartburn most days for three weeks or more.
- You have difficulty or pain when swallowing food.
- You have heartburn, indigestion, hiccups or an unpleasant taste in your mouth for three weeks or more.

What treatments are available?

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.

Alcohol

Check your alcohol intake and reduce if needed to within healthy guidelines, if you do have a large intake it might be better to discuss this with your GP before reducing it. You can use the online calculator here <https://www.drinkaware.co.uk/> to work out how many units you are having. Healthy advice is not to have in excess of 14 units per week with some alcohol free days during the week.

Smoking

Ask your GP about NHS stopping smoking services where you live. There are a number of different methods to use and stopping can have other benefits to health. The NHS website has information on quitting smoking too.

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. Eat your main evening meal three hours before going to bed³. Propping up your head when you sleep may also alleviate symptoms³. Eat little but more often, if necessary. Try to avoid bending forward or wearing tight clothes as this can put extra pressure on your tummy.

Being overweight

Being overweight can put additional pressure on the stomach making reflux episodes more likely. Review your weight, as excess body weight can create upward pressure from the stomach. If you are overweight taking steps to reduce your weight can be helpful, speak to your GP about what weight management services are available to you in your area. The NHS website has a free weight loss programme called '12 Weeks to weight loss'.

Reduction of intake of fizzy drinks may help reduce symptoms. Drinks containing caffeine (tea, coffee and some energy drinks) have also been shown to cause heartburn. Evidence that a reduction of fizzy drinks and caffeine help to reduce

symptoms have not been proven conclusively³ but as symptoms are individual it is worth trying a reduction. People can find that spicy food, food higher in fats and tomato are more likely to trigger symptoms².

Reduction of these foods might be helpful. There is no one approach to diet and reflux and triggers can be very individual.

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 usually work immediately. They are best taken after meals and before going to bed.

Alginates

These are products that form a thick protective layer on top of the stomach contents and help reduce reflux symptoms. These can be useful to take after meals and before going to bed to reduce night-time symptoms. Some medications are a combination of both antacids and alginates.

Acid-suppressing 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, Cimetidine, Famotidine and Nizatidine. These can be taken prior to bedtime.

Proton pump inhibitors (PPIs): These include omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole. These are best taken 30 minutes prior to breakfast or evening meal.

The most effective therapies are Proton Pump Inhibitors (PPI) in managing the symptoms of heartburn and reflux. These are remarkably safe and among the most commonly taken medicines worldwide. There is a slightly increased risk of bowel infections while taking them but no other proven side effects from long term consumption. Your doctor may initially prescribe up to 8 weeks of a PPI depending on the severity of your reflux and how quickly the symptoms reduce.



It is recommended that PPIs are taken for the shortest time at the lowest dose. So your doctor may advise coming off the medication. If your symptoms return the doctor may adjust your dose to the lowest effective dose to manage your symptoms. Exceptions to this are those patients who have confirmed (at endoscopy) to have severe gastro-oesophageal reflux disease, an oesophageal stricture or Barrett's oesophagus. Speak to your GP, Pharmacist, Endoscopist or Gastroenterology Specialist - they will be able to discuss with you any concerns you have regarding your acid medication.

Does heartburn & acid 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 an endoscopy. 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 or Surgical 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 an endoscopy?*
 - *What can I do in terms of my lifestyle to reduce gastro-oesophageal reflux?*
 - *How should I take my medication?*
-

Where can I get more information?

Guts UK are a member of Action Against Heartburn.
www.actionagaintheartburn.org.uk

Nice guidelines for treatment of reflux in adults. Tosetti C, Savarino E, Benedetto E, De Bastiani R; Study Group for the Evaluation of GERD Triggering Foods. Elimination of Dietary Triggers Is Successful in Treating Symptoms of Gastroesophageal Reflux Disease. Dig Dis Sci. 2020 Jun 24. doi: 10.1007/s 10620-020-06414-z. Epub ahead of print. PMID: 32578044.

Guts UK

The charity for the digestive system

Our guts have been underfunded, undervalued and underrepresented for decades.

"I chose to fundraise for Guts UK because when I was in hospital, I was amongst others with various digestive diseases. It was there that I realised there needs to be so much more awareness for these invisible illness. We must raise much needed funds for this important research!"

Abi, Guts UK fundraiser.

It's time the UK got to grips with guts.

With new knowledge, we will end the pain and suffering for the millions affected by digestive diseases. Guts UK's research leads to earlier diagnoses, kinder treatments and ultimately a cure.

Discover more about our fascinating digestive system at gutscharity.org.uk



Join our community



Let's get to grips with our guts, and save lives.

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25_{FT}
IS A LOT OF
GUTS TO
UNDERSTAND

It has been 50 years. But when it comes to gut health, there are still too many unanswered questions.

25ft may be a lot of gut to understand, but unanswered questions about gut health cause pain and suffering. Guts UK exists to change that.

**IT'S TIME THE UK GOT
TO GRIPS WITH GUTS**

Support Guts UK today

www.gutscharity.org.uk



Donation Form



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giftaid it 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 year that 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.

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