Indigestion, heartburn and reflux in adults

Information for the public
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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about indigestion, heartburn and reflux in adults that is set out in NICE guideline 184.

This is an update of advice on indigestion that NICE produced in 2004.

Does this information apply to me?

Yes, if you are an adult and:

- you have symptoms of indigestion, heartburn and/or reflux
- you have been told you have a condition called Barrett's oesophagus.

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No, if you are:

- younger than 18 years **or**
- you have cancer of the stomach or oesophagus.

Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your care. These could include doctors, pharmacists, specialist nurses and psychologists.

Working with you

Your care team should talk with you about indigestion, heartburn and reflux. They should explain any tests, treatments or support you should be offered so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree. There is a list of questions you can use to help you talk with your care team.

You may also like to read NICE's information for the public on Patient experience in adult NHS services. This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about using health and social care services.

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

Seeing a pharmacist

If you have indigestion, heartburn and/or reflux, a pharmacist may be able to advise about:

- what you can do to relieve your symptoms
- what medicines you can buy 'over-the-counter' without a prescription. for example, antacids and alginates

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- when you should see your GP
- how to take medicines that are prescribed by your GP.

You shouldn't keep taking antacids regularly for long periods. Although they help symptoms in the short term, they won't cure the problem.

How you can reduce your symptoms

Whether you see your GP or your pharmacist about your symptoms, they should give you advice and information about changes you can make that should make you feel better. These include eating healthily, losing weight if you're overweight, and stopping smoking. They should also explain about avoiding some foods and drinks like alcohol, coffee, chocolate and fatty foods, because they can make your symptoms worse.

Some people find that raising the head of their bed and having their main meal at least 3 hours before they go to bed can also help.

Seeing a GP

If you see a GP, he or she should ask about your symptoms and check whether they could be caused by another medical condition, such as a heart problem or a gall bladder problem. Your GP should also check what medicines you are taking for other conditions because some medicines, for example, non-steroidal anti-inflammatory drugs (NSAIDs), can cause indigestion.

Your GP may refer you for a test called an endoscopy. Please see Information about endoscopy to find out more. If you have had an endoscopy in the past, you won't need to have another unless you have new symptoms.

Your GP may suggest a test to see if a type of bacteria called *Helicobacter pylori* infection could be causing your symptoms. Please see Information about Helicobacter pylori to find out more.

If you have brought up (vomited) blood unexpectedly and severely, your GP should refer you to hospital on the same day to see a specialist.

Your doctor may refer you to hospital for further investigations if you have symptoms that

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don't respond to treatment or are unexplained. Heartburn can be a symptom of oesophageal cancer, so if you have any unusual symptoms or if you don't get better after treatment, your GP may refer you to a specialist.

Being referred to a specialist does not necessarily mean you have cancer; in fact, most people referred don't have cancer.

Indigestion

What is indigestion?

Indigestion is a feeling of pain or discomfort in the chest or stomach that sometimes happens after eating or drinking. Other symptoms include feeling bloated, burping, or feeling or being sick. The medical word for indigestion is dyspepsia.

Treatment for indigestion

Drug treatment

Your GP should offer you a course of treatment with a medicine called a proton pump inhibitor (PPI for short). The course should last for 4 weeks.

Treatment for *Helicobacter pylori*

Your symptoms may be caused by a type of bacteria called *Helicobacter pylori* (*H pylori* for short). Your GP may suggest a test to see if you have *H pylori* and, if you do, offer a course of treatment to get rid of it. Please see Information about Helicobacter pylori to find out more.

If your symptoms come back

If your symptoms come back after you've stopped taking the PPI, your GP should offer the PPI at the lowest dose possible to control your symptoms. They should discuss taking it only when you need it to help your symptoms.

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If the PPI doesn't work

If the PPI hasn't helped, your GP may offer another medicine instead, called an H_2 blocker.

Remember – you shouldn't keep taking antacids regularly for long periods. Although they help symptoms in the short term, they won't cure the problem.

Heartburn and reflux

What is reflux?

Reflux is when some of the acidic stomach contents come back up the oesophagus towards the mouth. When this happens, the person can feel heartburn – a burning sensation in the chest because of the acid that's in the stomach. The pain is felt in the chest behind the breastbone, and it may move up towards the throat. Other symptoms include an unpleasant taste in the mouth and swallowing problems.

Reflux is also called acid reflux or gastro-oesophageal reflux disease (GORD).

Treatment for reflux

Drug treatment

Your GP should offer you a course of treatment with a medicine called a proton pump inhibitor (PPI for short). The course should last for 4 or 8 weeks, depending on the severity of the reflux and how quickly your symptoms respond.

If your symptoms come back

If your symptoms come back after you've stopped taking the PPI, your GP should offer the PPI at the lowest dose possible to control your symptoms. They should discuss taking it only when you need it to help your symptoms.

If the PPI doesn't work

If the PPI hasn't helped, your GP may offer another medicine called an H_2 blocker.

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Treatment for severe oesophagitis (inflammation)

If the reflux has caused severe irritation and inflammation of your oesophagus (the medical name for this is oesophagitis), your doctor should offer you a course of treatment with a PPI for 8 weeks.

If your symptoms come back

If your symptoms come back after you've stopped taking the PPI, your GP should offer you a higher dose or treatment with a different PPI. You may need to take the treatment for a long time to control your symptoms.

If the PPI doesn't work

If the PPI hasn't helped, your GP should carry out a review of your symptoms, lifestyle and treatments. They may offer a different PPI or they may wish to get some specialist advice (for example, from a gastroenterologist - a doctor who specialises in the body's digestive system).

Surgery

Your doctor may talk with you about surgery for reflux. Surgery may be appropriate for people who do not want to take medication long-term, or for those who have unpleasant side effects from their medication.

The most common type of surgery for reflux is called laparoscopic fundoplication. This is a keyhole surgery technique, in which the surgeon stitches and folds the top of the stomach, just below where the oesophagus meets the stomach, to create a smaller opening. The aim is to reduce the amount of stomach contents re-entering the oesophagus.

If your doctor thinks that surgery would help, he or she will be able to discuss this with you in more detail.

Remember – you shouldn't keep taking antacids regularly for long periods. Although they help symptoms in the short term, they won't cure the problem.

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Peptic ulcer

What is a peptic ulcer?

A peptic ulcer is a break (like a sore) in the lining of the stomach or the upper part of the small intestine. Peptic ulcers can cause indigestion symptoms. The word 'peptic' comes from a digestive enzyme (chemical) called pepsin. In the stomach, acid and pepsin are produced to help digest food. Normally, they don't damage the stomach itself because the stomach protects itself in several ways. But if these defences fail, the acid and pepsin may cause an ulcer.

Treatment for a peptic ulcer

If you have a peptic ulcer, your GP should offer a test to see if you have a type of bacteria called *Helicobacter pylori* (*H pylori* for short). If you do, you should have a course of treatment to get rid of it (see Information about Helicobacter pylori to find out more). After the treatment, you may need another test to see how well it worked.

If you are taking an NSAID

If you are taking an NSAID for another condition, your GP should suggest that you stop because NSAIDs can cause ulcers or make them worse.

If you have been taking an NSAID and you have a peptic ulcer, your doctor should offer you treatment with a proton pump inhibitor (PPI for short) or an H_2 blocker for 8 weeks. If you have *H pylori*, your doctor should offer a course of treatment to get rid of it after the PPI treatment (see Information about Helicobacter pylori to find out more).

If you carry on or resume taking your NSAID after your ulcer has healed, your GP should talk with you about how NSAIDs can harm your stomach. Your GP should regularly check whether you still need the NSAID. You should be offered the chance to try taking it only when you need it (when the condition you take the NSAID for is bad). Or your doctor may talk about lowering the dose you take, or using paracetamol or another type of painkiller instead of the NSAID.

If you need to carry on taking the NSAIDs, your doctor should offer you a medicine to

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protect your stomach and may discuss changing to a different type of NSAID.

If you are not taking an NSAID

If you don't have *H pylori* and you are not taking an NSAID, your GP should offer you treatment with either a PPI or an H_2 blocker for 4 to 8 weeks.

If your symptoms come back

If your symptoms come back after treatment, your GP should offer you a PPI at the lowest dose possible to relieve your symptoms. They should discuss taking it only when you need it to control your symptoms.

If the treatment doesn't work

If you tried a PPI first but it hasn't helped, your GP should offer you an H_2 blocker instead.

If your ulcer doesn't heal despite the medicines, this could be because:

- you have *H pylori* but it didn't show on the test
- you're not taking the medicines as prescribed
- you're taking other medicines that could be causing the symptoms or you are still taking NSAIDs
- you have another condition that could be causing the symptoms.

If you have 'functional dyspepsia' (also called 'non-ulcer dyspepsia')

What is functional dyspepsia?

If you have indigestion symptoms but no cause can be found during endoscopy, doctors call this 'functional dyspepsia'. It used to be called 'non-ulcer dyspepsia'. Doctors use the term 'functional' because there is a problem with the functioning of the digestive system that's causing the symptoms, rather than a problem that can be seen and diagnosed, for

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example, an ulcer.

Treatment for functional dyspepsia

Your symptoms may be caused by a type of bacteria called *Helicobacter pylori* (*H pylori* for short). Your GP may suggest a test to see if you have it and, if you do, offer a course of treatment to get rid of it. Please see Information about Helicobacter pylori to find out more.

If you don't have *H pylori* and if your symptoms are still a problem, your GP should offer you a 4-week course of treatment with either a proton pump inhibitor (PPI for short) or an H_2 blocker.

If symptoms continue or come back

If your symptoms carry on or come back after you've finished the treatment, your GP should offer you a prescription for a PPI or an H_2 blocker at the lowest dose possible to relieve your symptoms, and they should discuss taking it only when you need it to control your symptoms.

Remember – you shouldn't keep taking antacids regularly for long periods. Although they help symptoms in the short term, they won't cure the problem.

If you have Barrett's oesophagus

What is Barrett's oesophagus?

Barrett's oesophagus is a condition in which changes occur to the cells lining the lower part of the oesophagus. It is caused by long-term reflux, and one of the symptoms is heartburn (see Heartburn and reflux to find out more). Over time, the cells change because the acidic stomach contents damage the lining of the oesophagus, and although they are not cancerous, there is a small risk that they will become cancerous.

If you have Barrett's oesophagus (that has been confirmed by endoscopy and laboratory tests), your doctor may talk with you about having an endoscopy from time to time to monitor it. Your GP should be able to tell you more about what is involved. In addition, NICE has produced advice on Barrett's oesophagus (see Other NICE guidance for details).

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Endoscopy to diagnose Barrett's oesophagus

You should not normally be offered an endoscopy to see if you have Barrett's oesophagus, but your doctor may discuss it with you if you have symptoms of GORD (short for gastro-oesophageal reflux disease), depending on factors such as:

- your own preferences
- if you've had the symptoms for a long time
- if you've been getting the symptoms quite frequently
- if you've previously had conditions that have affected your oesophagus
- if you are a man
- if you are older.

Information about endoscopy

What is an endoscopy?

An endoscopy is a procedure that is sometimes carried out to investigate indigestion symptoms and find out what is causing them. It involves using an endoscope (a narrow, flexible tube with a camera at its tip), to see inside the oesophagus and stomach. The person may be offered sedation before the procedure, and/or given a local anaesthetic to numb the throat. The endoscope is then guided down the person's throat and into their stomach.

If your doctor thinks an endoscopy would be helpful in your case, he or she should talk with you about what is involved.

If you need an endoscopy and you are taking NSAIDs, your doctor should ask you to stop taking the NSAIDs until after the procedure.

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Information about *Helicobacter pylori*

What is Helicobacter pylori?

Helicobacter pylori (or *H pylori* for short) are bacteria that live in your stomach. The infection can cause stomach ulcers which, in turn, can cause the symptoms of indigestion. Your doctor may talk with you about having a test to see if your symptoms could be caused by *H pylori.*

Tests

H pylori infection is often detected usinga breath test or a stool test, or sometimes a blood test. Your GP should explain more about what is involved, and whether you should stop taking your medication before the test.

Treatment

If you have *H Pylori*, your doctor should offer you a course of treatment to get rid of the infection. The treatment involves taking a PPI as well as a combination of antibiotics for 7 days. Your doctor will take into account the antibiotics that you have been prescribed in the past, and whether you are allergic to penicillin.

If you still have symptoms after the treatment, you might need to have a second course.

Your GP should talk with you about the medicines and about how important it is to take them correctly, at the times and doses they have prescribed.

What if the treatment doesn't work?

If you've had 2 courses of *H pylori* treatment and you still have the *H pylori* infection, your doctor should get expert advice from a specialist (for example, from a gastroenterologist).

Long-term care

If you end up taking indigestion medicines for a long time, your GP should carry out an annual review to find out how you're getting on. They should discuss whether you could

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reduce or stop the treatment. It may be possible for you to go back to treating your symptoms with over-the-counter treatments when you need to.

Remember – you shouldn't keep taking antacids regularly for long periods. Although they help symptoms in the short term, they won't cure the problem.

Reasons to see a specialist

Your GP should discuss seeing a specialist if:

- you have symptoms that are not going away, that are not relieved by medicines or that cannot be explained by your doctor
- you have reflux and are thinking about having surgery
- you still have *Helicobacter pylori* after 2 courses of treatment to get rid of it.

Questions to ask about indigestion and reflux

These questions may help you discuss your condition or the treatments you have been offered with your healthcare team.

About your condition

- Can you tell me more about indigestion, heartburn and reflux?
- What will happen to my symptoms as time goes on?
- What can I do to help myself?
- What tests might I need?
- What do the different tests involve?
- Where will these be carried out? Will I need to have them in hospital?
- How long will I have to wait until I have these tests?

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- How long will it take to get the results of these tests?
- Will I need an operation?
- There's a history of oesophageal or stomach cancer in my family. Should I be worried?
- Can you tell me more about Barrett's oesophagus and its risks?

Treatments

- Can you tell me why you have decided to offer me this treatment?
- What are the pros and cons of this treatment?
- How will it help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- When do I need to take the treatment?
- How long will it take to have an effect?
- What if the treatment doesn't help?
- Are there any risks associated with this treatment?
- How long will I need to have this treatment for?
- What other treatment options are there?
- Should I be concerned that I'm taking antacids regularly?
- Is there some other information (like a leaflet, DVD or a website I can go to) about the treatment that I can have?

Side effects

- What should I do if I get any side effects?
- Are there any long-term effects of taking this treatment?

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Following up on your treatment

- When should I start to feel better and what should I do if I don't start to feel better by then?
- How often will my follow-up appointments be?
- Are there different treatments that I could try?
- Does the length or dose of my current treatment need to be changed?
- How often should my treatment be reviewed?

Terms explained

Alginates

Medicines that form a layer on top of the stomach contents and help to reduce reflux and protect the lining of the gullet – some medicines contain both an alginate and an antacid.

Antacids

Medicines that reduce excess acid in the stomach – some medicines contain both an alginate and an antacid.

H_2 blocker

Also called H_2 receptor antagonists or H_2RAs – these medicines stop the stomach producing too much acid. The stomach produces acid to help break down food, but sometimes the acid can irritate the stomach and cause indigestion. H_2RAs act in a different way to **proton pump inhibitors** (PPIs), and tend to be less powerful in reducing stomach acid.

NSAID

NSAID stands for non-steroidal anti-inflammatory drug. People take NSAIDs for conditions such as arthritis, and as painkillers.

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Oesophagus (or gullet)

The tube from the mouth to thestomach down which food passes.

Proton pump inhibitors (PPIs)

PPIs stop the stomach from producing too much acid. The stomach produces acid to help break down food, but sometimes the acid can irritate the stomach and cause indigestion.

Upper gastrointestinal cancer

Upper gastrointestinal cancer can affect the **oesophagus** (gullet), stomach or first part of the intestine (duodenum).

Sources of advice and support

- Barrett's Oesophagus Campaign, 020 8346 0171
  http://www.barrettscampaign.org.uk
- Fighting Oesophageal Reflux Together
  http://www.fortcharity.org.uk
- Guts UK Charity: Funding research to fight diseases of the gut, liver & pancreas
  http://www.gutscharity.org.uk
- Heartburn Cancer Awareness support
  http://www.h-cas.org
- Oesophageal Patients Association, 0121 704 9860
  http://www.opa.org.uk

You can also go to NHS Choices for more information.

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Other NICE guidance

- Drug allergy. NICE clinical guideline 183 (2014).
- Acute upper gastrointestinal bleeding. NICE clinical guideline 141 (2012).
- Barrett's oesophagus. NICE clinical guideline 106 (2010).
- Medicines adherence. NICE clinical guideline 76 (2009).
- Referral guidelines for suspected cancer. NICE clinical guideline 27 (2005).

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Accreditation

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