

# Patient information from BMJ

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## Heartburn

**Most people get heartburn from time to time. But some people get heartburn a lot, which can be very unpleasant. Fortunately, there are treatments that can help to control it.**

### What is heartburn?

Your stomach contains acid that helps you to digest the food you eat. It's possible for some of this acid to splash up into the tube that carries food from your mouth to your stomach (your oesophagus). The acid may reach your throat, mouth, or lungs. This acid causes the feeling of heartburn.

Some people have a problem in their oesophagus that means they get heartburn easily. A ring of muscle at the end of your oesophagus usually closes off the top of your stomach and keeps the acid in place.

If this muscle doesn't work properly, you're more likely to get heartburn. Your doctor may say you have gastro-oesophageal reflux disease, or GORD for short.

### What are the symptoms?

You probably know what heartburn feels like. You get an uncomfortable burning feeling that usually starts in your chest, and moves up towards your throat. You may also get a sour or bitter taste in your mouth. Other, less common symptoms include:

- bad breath
- hoarseness, and
- a dry cough.

If you get heartburn regularly it can damage your oesophagus.

Heartburn can sometimes be a sign of a more serious illness. If you have black stools or you are vomiting blood, you should call your doctor as soon as possible or seek emergency treatment. You could have bleeding in your stomach or your bowel. If you're worried about a pain in your chest, you should also get help urgently.

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You should also tell your doctor if you get a feeling that food sticks in your throat when you swallow, if you lose weight without trying, or if you feel tired for no reason.

Your doctor may suggest some tests, such as an endoscopy, just to be safe. During an endoscopy, a doctor uses a long tube with a camera on the end to look inside your oesophagus.

## What treatments work?

### Lifestyle changes

Studies suggest that some things increase your chance of getting heartburn, including smoking, being overweight, and drinking a lot of alcohol or caffeine.

Some people find that stopping smoking, losing weight, or cutting out alcohol or caffeine make a difference.

You could also look at how healthy your diet is overall. For example, eating more fresh fruit and vegetables and fewer processed foods might help.

If you get heartburn at night, you might try raising the head of your bed, so that your head is higher than your feet. Some people say that it helps. You might also avoid eating late at night.

### Medicines

#### If you get heartburn only sometimes

Over-the-counter medicines called **antacids** may be the only treatment you need if you get heartburn only occasionally. Antacids usually come as tablets that you chew or as liquids.

Antacids can sometimes cause side effects, such as wind and constipation.

They can also interfere with how your body absorbs some medicines, especially if you take the antacid at the same time as the medicine. Your doctor or pharmacist can give you advice about how to take your medicines.

#### If you get heartburn frequently

If you get heartburn two or more times a week, you should see your doctor.

Your doctor will probably recommend taking a medicine called a **proton pump inhibitor**. This is the best type of medicine for frequent heartburn. Proton pump inhibitors work by reducing the amount of acid in your stomach.

You can buy a low-dose proton pump inhibitor called omeprazole over the counter. But many people need higher doses, which are available only on prescription.

Proton pump inhibitors are effective at reducing and even stopping heartburn. If acid has damaged your oesophagus, these drugs can help it heal.

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Most people continue to take a proton pump inhibitor over the long term. If they stop, their heartburn usually comes back. However, you may be able to stop taking the medicine, especially if lifestyle changes make a difference. Your doctor will review your need for ongoing treatment from time to time.

Side effects with proton pump inhibitors aren't common, although some people:

- feel nauseous
- have diarrhoea or constipation
- have headaches, or
- get a rash.

Serious side effects are rare. But research suggests that using them for a long time can increase your chance of bone fractures.

Some proton pump inhibitors can affect how well other medications work. You should tell your doctor if you are taking:

- the blood-thinning drugs warfarin or clopidogrel
- a heart drug called digoxin, or
- an epilepsy drug called phenytoin.

Taking proton pump inhibitors can also reduce the amount of magnesium in your blood. Your doctor might check your magnesium level from time to time, especially if you are taking these medicines over the long term.

If you can't take a proton pump inhibitor (for example, if you get side effects), your doctor may prescribe a medicine called an **H2 blocker**. H2 blockers reduce the amount of acid in your stomach, but they don't work as well as proton pump inhibitors.

Your doctor might also prescribe an H2 blocker as an extra treatment if you are taking a proton pump inhibitor and still get heartburn at night.

H2 blockers don't usually cause serious side effects. A few people get headaches or diarrhoea. However, sometimes the drugs stop working after people have taken them for a while.

## Surgery

Most people with frequent heartburn take proton pump inhibitors over the long term to control their symptoms. However, some people would rather not take these medicines regularly, perhaps because they get side effects or have a hard time remembering to take their tablets. For these people, a surgery called fundoplication may be an option.

This operation involves strengthening the ring of muscle in the oesophagus that closes off the top of the stomach. This stops the stomach acid from reaching the oesophagus.

But, like all operations, fundoplication has risks. Possible problems include blood clots, bleeding, and infection.

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## What will happen to me?

If you get only mild heartburn, you'll probably just need to take antacids from time to time. And your heartburn may go away on its own.

If you get heartburn a lot, your doctor will probably recommend regular treatment with a proton pump inhibitor. This works well for most people.

If you have frequent heartburn and don't get treatment, you might be more likely to have other problems. For example, the inside of your oesophagus may become sore and inflamed. It could become narrow, which can make swallowing difficult. You could also get sores (called ulcers) and patches of bleeding. However, these problems are rare.

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