

Heartburn

Hints on dealing with the discomfort

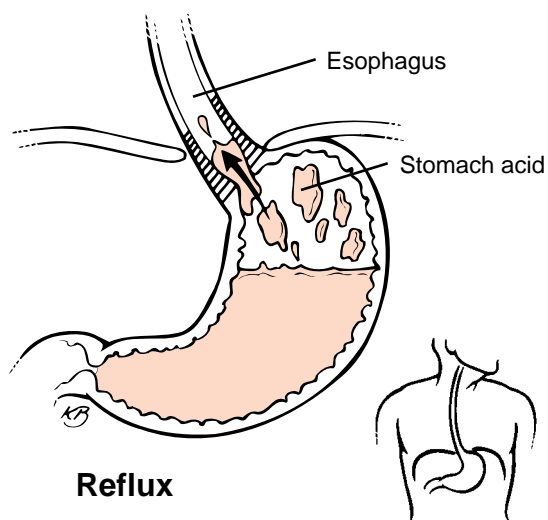
What is heartburn?

Despite its name, heartburn doesn't affect the heart. Heartburn is a burning feeling in the lower chest, along with a sour or bitter taste of food in the throat and mouth. It usually occurs after eating a big meal or while lying down. The feeling can last for as short a time as a few minutes or as long as a couple of hours.

What causes heartburn?

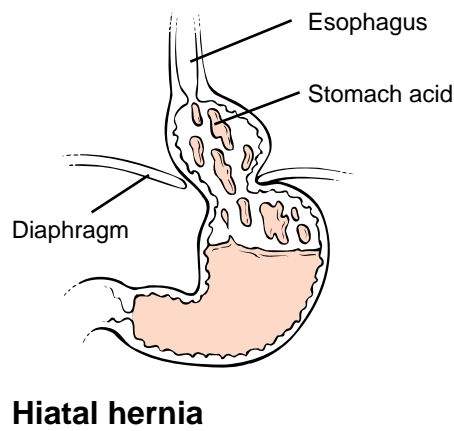
When you eat, food passes from your mouth down a 10-inch tube, called the *esophagus*. To enter the stomach, the food must pass through an opening between the esophagus and stomach. This opening acts like a gate to allow food to pass into the stomach.

The opening to the stomach closes as soon as food passes through. If the opening doesn't close, acid in the stomach goes through the opening and up the esophagus. This is called *reflux*. The stomach acid can irritate the esophagus. It's the cause of heartburn.



What is hiatal hernia?

Hiatal hernia is a condition in which part of the stomach is pushed up through the *diaphragm* (the muscle wall between the stomach and chest) and into the chest. Sometimes this causes heartburn. Doctors used to think hiatal hernia was the only cause of heartburn. But because hiatal hernia is common in people with or without heartburn, it's no longer believed to be the main source of heartburn.



Things that can make heartburn worse

- Cigarette smoking
- Coffee (both regular and decaffeinated) and other drinks that contain caffeine
- Alcohol
- Citrus fruits
- Tomato products
- Chocolate
- Mints or peppermints
- Fatty foods
- Onions
- Spicy foods (pizza, chili, curry)
- Aspirin or ibuprofen (Advil, Medipren, Motrin, Nuprin)
- Some other medicines (check with your doctor to find out if any apply to you)

What factors add to heartburn?

Many things can make heartburn worse. Heartburn is most common after overeating, when bending over or when lying down. Other things that might worsen heartburn include pregnancy, clothing that's so tight it puts pressure on your stomach, stress, certain foods and other things (see the box above).

Can heartburn be serious?

Just about everyone has heartburn now and then. But if it's left untreated, you can have severe symptoms. If heartburn goes on long enough, it can lead to *esophagitis* (an inflamed lining of the esophagus). If the esophagitis becomes severe, your esophagus might narrow and you might have bleeding or trouble swallowing. Heartburn can also be a sign of something more serious, such as ulcers.

What can I do to feel better?

You might be able to avoid heartburn by making some changes in your lifestyle. The box on page 3 lists some tips on how to prevent heartburn.

Tips on preventing heartburn

- Raise the head of your bed by placing 4- to 6-inch blocks under the legs at the head of the bed.
- Try to eat two to three hours before lying down. If you take naps, try sleeping in a chair.
- Lose weight if you're heavy.
- Don't overeat.
- Eat high-protein, low-fat meals.
- Avoid tight clothes, such as girdles and tight belts.
- Certain foods bother certain people. Avoid foods and other things that give you heartburn.
- Avoid tension and stress.

Will antacids take care of heartburn?

Most people get fast, short-term relief with antacids. Antacids neutralize the acid that your stomach makes.

Antacids can cause diarrhea or constipation. Look for antacids that contain both magnesium hydroxide and aluminum hydroxide. (One creates constipation while the other causes diarrhea, therefore counteracting each other.) Some names of antacids include Aludrox, Gelusil, Maalox, Mylanta and WinGel. Follow the directions on the package. In general, take a dose of antacid about an hour after meals and at bedtime.

What if my symptoms get worse?

If lifestyle changes and antacids don't help your symptoms, talk with your doctor. Your doctor may want you to take a prescription medicine for four to eight weeks or schedule you for some tests. Tests might include x-rays to check for ulcers, pH checks for acid in the esophagus, or an *endoscopy* to check for other conditions. For an endoscopy, a long, thin tube is inserted down your esophagus so your doctor can look at it. Your doctor may also take a sample of your stomach lining to check for *H. pylori*, a bacteria that can cause ulcers.

What about other medicines?

Three kinds of medicine might be used to treat heartburn. *H₂ blockers* (Axid, Pepcid, Tagamet, Zantac) and *omeprazole* (Prilosec) lower how much acid your stomach makes. *Metoclopramide* (Reglan) reduces reflux. *Cisapride* (Propulsid) also reduces reflux by strengthening the lower esophagus. To find out what medicine is right for you, talk to your doctor.



Call your doctor if:

- You have trouble swallowing or pain when swallowing.
- You're vomiting blood.
- Your stools are bloody or black.
- You're having shortness of breath.
- You're dizzy or lightheaded.
- You have pain going into your neck and shoulder.
- You break out in a sweat when you have the pain.
- You have heartburn often (more than three times a week) for over two weeks.

Will I need surgery?

Surgery is only needed when symptoms are very bad and won't go away after medicine and other measures have been tried. Surgery can be done to tighten the opening to the stomach or correct hiatal hernia.

Is heartburn associated with heart attacks?

No, not heart attacks. But sometimes pain in the chest may be mistaken for heartburn when it's really a sign of heart disease. It's also possible for heartburn to be the first sign of a complication like a bleeding ulcer. If you have any of the symptoms in the box above when you think you're just having heartburn, please call your doctor.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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