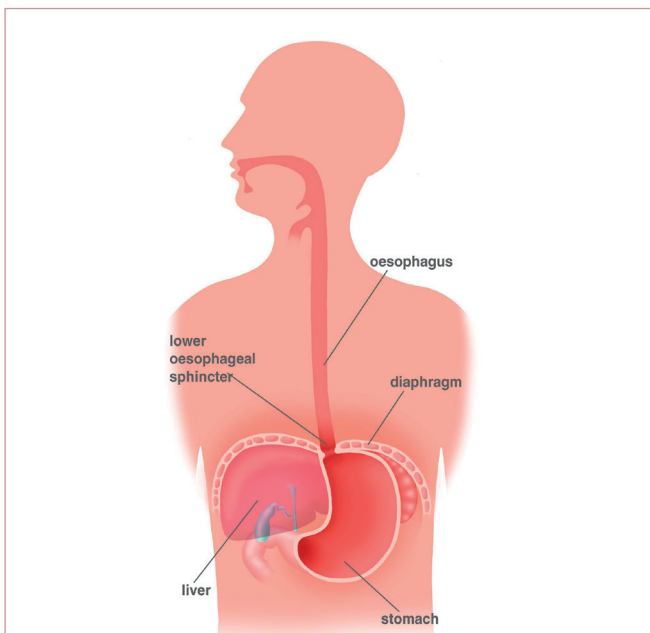


Heartburn and GORD

Heartburn is a painful, burning feeling in your chest, that rises up from the stomach towards your neck. It can happen at any time but is more common after eating. Heartburn tends to get worse when bending over or lying down, and it can disturb sleep in some people. Many pregnant women get heartburn, which goes away after the baby is born.



What causes heartburn?

The burning feeling of heartburn is caused by acid and other juices that digest food leaking up from your stomach into your oesophagus (the tube between your stomach and throat).

There is a ring of muscle at the top of your stomach, called the lower oesophageal sphincter. This normally stops the contents of your stomach from going back up your oesophagus. In people who have heartburn, this sphincter is weakened or ineffective, and stomach acid manages to escape when the sphincter relaxes.

Symptoms of heartburn are more common in people who are obese, pregnant, eat a high-fat diet, who smoke, or who are under stress. Some medical conditions (eg, scleroderma, hiatus hernia) and medicines, such as non-steroidal anti-inflammatory drugs (NSAIDs), some antibiotics (eg, tetracyclines), iron supplements and potassium

supplements can also irritate the oesophagus and cause heartburn symptoms. In some people, these medicines can also lead to ulcers in the stomach or gut which may bleed.

Could it be something more serious?

See your doctor urgently if you have:

- chest pain or tightness (sometimes heartburn symptoms are similar to those of a heart attack - call your doctor if you are worried)
- difficulty swallowing (eg, food sticking or choking on food/fluids) or persistent pain when you swallow
- a feeling like you have a “lump in your throat”
- shortness of breath
- weight loss for no reason
- you regurgitate or vomit food regularly, or your vomit contains blood or dark granules
- your poo is black or contains blood
- you are taking anticoagulants, such as warfarin, or NSAIDs, such as diclofenac or ibuprofen.

These may be warning signs for more serious conditions such as gastric (stomach) ulcers or, very rarely, stomach or oesophageal cancer. Your doctor will also check that it is not heart pain causing your symptoms. People with a higher risk of more serious conditions include those:

- older than 45 and of Māori, Pacific Islander, or Asian descent; or older than 50 (other ethnicities)
- with a family history of stomach (gastric) cancer
- who have had peptic ulcer disease in the past.

Always see your doctor if medications for heartburn have not improved your symptoms within four weeks or if your symptoms get more frequent or severe.

For most people with heartburn, the problem is likely to be reflux disease.

Reflux disease (GORD)

Heartburn is a symptom of gastro-oesophageal reflux disease (GORD) which is commonly called reflux disease.

Three out of four people with heartburn have reflux disease, and symptoms typically include heartburn on two or more days a week, although you may still have GORD even if your symptoms are less frequent. Other symptoms may include a cough, frequent belching, hoarseness, nausea, wheeze, and chest pain not caused by heart problems.

Damage caused by stomach acid

Reflux that is not treated properly can cause damage to the oesophagus (this is called reflux oesophagitis). Always tell your doctor if your heartburn lasts for longer than three months or if your symptoms worsen or keep recurring.

Your doctor can then prescribe medications to heal the damage and control your symptoms. They may also arrange some further tests or investigations to check for any other underlying problems.

Other possible complications

In some people, GORD can lead to other medical conditions (these are called complications) such as oesophageal ulcers, a narrowing of the oesophagus (oesophageal stricture) and a change in the cells lining the oesophagus (Barrett's oesophagus). The risk of developing oesophageal cancer is also increased in people with symptoms of GORD that occur more than three times per week. People with GORD are also more likely to develop respiratory problems, such as pneumonia or asthma,

What can be done?

Many people with reflux can improve their symptoms with simple lifestyle adjustments (see **Lifestyle Advice**).

If your symptoms are mild and infrequent, then an antacid or an alginate can help relieve pain and discomfort. Antacids neutralise the acid in your stomach and alginates create a protective barrier that floats on top of your stomach contents. Products include Gaviscon or Mylanta.

If your heartburn is worse than mild, persistent, or if you have been diagnosed with reflux disease, then your doctor may prescribe you medications that reduce the amount of stomach acid produced, such as H2 blockers or proton pump inhibitors (PPIs).

H2 blockers and proton pump inhibitors (PPIs)

H2 blockers (eg, famotidine) and PPIs (eg, lansoprazole, omeprazole, pantoprazole) reduce stomach acid. In most people, four weeks of treatment allows your oesophagus to heal, relieving symptoms entirely. Your doctor may start you on a PPI first, then 'step-down' to an H2 blocker before stopping medication completely.

If your symptoms have not resolved after 4 weeks or if your symptoms are severe, your doctor may increase the dose of your medication or refer you for further investigation. In some instances, your doctor may refer you to see a specialist.

Lifestyle Advice

- Eat smaller meals, avoid fatty foods, do not eat within 3 to 4 hours of going to bed
- Avoid tight clothing
- Stop smoking if you smoke
- Limit caffeine and alcohol intake
- Lose weight if you are overweight
- Try relaxation exercises to reduce stress
- If symptoms occur at night, try raising the head of the bed by 10cm (put blocks under the bed legs, do not use extra pillows as these will increase the pressure from the stomach).

Endoscopy

Your doctor may refer you to a specialist for an endoscopy. An endoscope is a flexible tube attached to a tiny video camera that is used to examine the inside of the digestive tract. Endoscopy is not painful but some people find it uncomfortable and your throat may be sore afterward.

Surgery

Surgery (fundoplication) is an option for a few patients if other attempts at controlling reflux have failed. Surgery aims to provide a cure by strengthening the valve at the top of the stomach. But, as with all surgery, there are associated risks.

Tip: If you are prescribed a proton pump inhibitor, they are best taken 30–60 minutes before food (ideally before the first meal of the day).

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