
Indigestion (heartburn and reflux)

Summary

- Heartburn is caused by stomach contents backing up into the oesophagus.
 - Eating a large meal or drinking too much coffee or alcohol are common causes.
 - Constant heartburn can have complications.
 - See your doctor if you experience ongoing heartburn.
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Once food is chewed and swallowed, it is pushed by muscular waves down the oesophagus and through a sphincter (or muscle ring) into the stomach. Sometimes, even in healthy individuals, the contents of the stomach squeeze up through the sphincter and back into the oesophagus. This is called 'reflux' (also known as gastro-oesophageal reflux disease, indigestion or heartburn) and feels like a burning sensation behind the breastbone.

Causes of heartburn

Occasional heartburn can be caused by:

- eating a large meal
- eating a large meal and then doing some kind of physical activity, like lifting or bending
- too much coffee or alcohol
- anxiety, which can make the stomach 'churn'
- advanced pregnancy, when the womb pushes up against the stomach.

Treatment for heartburn

The oesophagus uses muscular contractions (called 'peristalsis') to squeeze swallowed food down into the stomach. However, food inside the stomach is only kept there by the force of gravity, so don't lie down after a big meal. Usually, taking an antacid and waiting is all the treatment needed for heartburn in healthy people.

Heartburn in overweight people

Persistent heartburn can be caused by obesity. The extra fat inside the abdominal wall reduces the amount of room for the stomach and small intestines. Any extra pressure on the stomach, such as stooping, forces the stomach contents up into the oesophagus. Weight loss may reduce the symptoms.

Gastro-oesophageal reflux disease

Frequent heartburn (also called gastro-oesophageal reflux disease) can also be caused by:

- hiatus hernia – part of the stomach is pushed up through the diaphragm and stays there
- dietary factors – dietary fats, chocolate, alcohol and coffee may provoke heartburn because of their effect on the sphincter
- cigarettes – giving up smoking reduces the frequency of symptoms.

Complications of gastro-oesophageal reflux disease

Chronic (ongoing) exposure of the oesophagus to gastric juices can lead to:

- oesophagitis – inflammation of the oesophagus
 - ulceration – with bleeding, scarring and stricture (narrowing) of the oesophagus
 - Barrett's oesophagus – a premalignant condition of the lower lining of the oesophagus. Barrett's oesophagus is a risk factor for cancer of the lower oesophagus. If you have experienced long-term reflux (for five years or more), talk to your doctor about testing for **Barrett's oesophagus**.
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Reducing your risk of gastro-oesophageal reflux disease

You can reduce your risk of gastro-oesophageal reflux disease by:

- losing weight, if necessary
- trying not to increase abdominal pressure through bending or lifting
- raising the head of your bed to avoid reflux while sleeping
- making dietary changes
- giving up smoking.

Talk to your GP (doctor) about which strategies may work best for you.

Where to get help

- [Your GP \(doctor\)](#)
- [Your pharmacist](#)

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