

Indigestion

Indigestion, also known as dyspepsia, is pain or discomfort in your chest or stomach. This usually comes on soon after eating or drinking.

You may also have other symptoms, such as:

feeling full or bloated

heartburn

nausea (feeling sick)

belching

Indigestion is a common problem that affects many people, but in most cases it is mild and only occurs occasionally.

Why it happens

Indigestion is caused by stomach acid coming into contact with the sensitive, protective lining of the digestive system. The stomach acid breaks down the lining, leading to irritation and inflammation (soreness and swelling). This causes the symptoms of indigestion.

In most cases indigestion is related to eating, although it can be caused by other factors such as smoking, drinking, alcohol, pregnancy or taking certain medications.

Treating indigestion at home

You may be able to treat your indigestion with changes to your diet and lifestyle, or with a number of different medications, such as antacids.

If an underlying health condition is the cause of indigestion, further investigation such as an endoscopy may be required (see below).

When to see your doctor

Most people will not need to seek medical advice for their indigestion. However, it is important to see your DOCTOR if you have recurring indigestion and you:

are 55 years old or over

have lost a lot of weight without meaning to

have increasing difficulty swallowing (dysphagia)

have persistent vomiting

have iron deficiency anaemia

have a lump in your stomach

have blood in your vomit or blood in your stools

This is because your symptoms can be a sign of an underlying health condition that affects the digestive system, such as gastro-oesophageal reflux disease (GORD).

If this is the case, you may need to be referred for an endoscopy. An endoscopy is a procedure where the inside of the body is examined using an endoscope (a thin, flexible tube that has a light and camera on one end).

Severe indigestion can cause long-term problems with parts of your digestive tract, such as scarring of the oesophagus or the passage from your stomach.

Symptoms of indigestion

The main symptom of indigestion (dyspepsia) is pain or a feeling of discomfort in your chest or stomach.

This usually comes on soon after eating or drinking, although there can sometimes be a delay between eating a meal and experiencing indigestion.

The symptoms of indigestion are often described as 'heartburn', which you may experience as a burning pain behind your breastbone. Heartburn is caused by acid that passes from your stomach into your oesophagus (gullet).

If you have indigestion, you may also have symptoms such as:

feeling uncomfortably full or heavy

belching

bringing food back up from your stomach

bloating

nausea (feeling sick)

vomiting

When you should see a doctor

In some cases, indigestion symptoms can indicate a more serious underlying health problem, such as stomach cancer. Seek immediate medical attention if you have recurring indigestion and you:

are 55 years old or over

have lost a lot of weight without meaning to

have increasing difficulty swallowing (dysphagia)

have persistent vomiting

have iron deficiency anaemia

have a lump in your stomach

have blood in your vomit or blood in your stools

Causes of indigestion

Indigestion (dyspepsia) occurs when acid from your stomach irritates the lining of your stomach, oesophagus (gullet) and top part of your bowel.

In most cases, there is no underlying medical reason for indigestion. It is usually caused by a process known as acid reflux, where acid from your stomach escapes and is forced back up into your oesophagus.

However, indigestion can also be caused in other ways, and it can sometimes be a symptom of an underlying medical condition, particularly if you experience recurrent bouts. Some possible causes are explained below.

Medications

You may have indigestion if you take certain types of medication. Some medicines, such as nitrates (taken to widen your blood vessels) relax the

oesophageal sphincter (ring of muscle between your oesophagus and your stomach), which allows acid to leak back up.

Other medicines, such as non-steroidal anti-inflammatory drugs (NSAIDs), can affect your digestive tract and cause indigestion.

Do not take NSAIDs, such as aspirin and ibuprofen, if you have stomach problems such as a peptic ulcer or have had this in the past. Children under 16 years of age should not take aspirin.

Never stop taking a prescribed medication unless you are told to do so by your DOCTOR or another qualified healthcare professional who is responsible for your care.

Obesity

If you are very overweight, you are more likely to experience indigestion because of increased pressure inside your abdomen (tummy). This can force open your oesophageal sphincter after a large meal, causing acid reflux.

Hiatus hernia

A hernia occurs when an internal part of the body, such as an organ, pushes through a weakness in the surrounding muscle or tissue wall.

A hiatus hernia occurs when part of your stomach pushes up into your diaphragm (the sheet of muscle under your lungs), preventing your oesophageal sphincter from closing. This can allow stomach acid to travel back up into your oesophagus, leading to heartburn.

Helicobacter pylori infection

You may have recurring bouts of indigestion if you have an infection with *Helicobacter pylori* (H pylori) bacteria. H pylori infections are common, and it is possible to become infected without realising because the infection does not usually cause any symptoms.

However, in some cases an H pylori infection can damage your stomach lining and increase the amount of acid in your stomach. It is also possible for your duodenum (the top of your small intestine) to be irritated by excess stomach acid if you have an H pylori infection.

Gastro-oesophageal reflux disease (GORD)

Gastro-oesophageal reflux disease (GORD) is a common condition and one of the main causes of recurring indigestion. It is caused by acid reflux. This occurs when the oesophageal sphincter fails to prevent stomach acid from moving back up into your oesophagus.

Acid reflux becomes GORD when the sensitive lining of your oesophagus is damaged by repeated irritation from stomach acid.

Peptic ulcers

A peptic ulcer is an open sore that develops on the inside lining of your stomach (a gastric ulcer) or small intestine (a duodenal ulcer). If you have a peptic ulcer, you may have indigestion as a symptom.

Peptic ulcers form when stomach acid damages the lining in your stomach or duodenum wall. In most peptic ulcer cases, the lining is damaged as a result of an H pylori infection (see above).

Stomach cancer

In rare cases, recurrent bouts of indigestion can be a symptom of stomach cancer.

Cancer cells in your stomach break down the protective lining, allowing acid to come into contact with your stomach wall.

Diagnosing indigestion

For most people, indigestion (dyspepsia) is mild and infrequent and does not require treatment from a healthcare professional.

However, see your DOCTOR if you have indigestion regularly or if it causes you severe pain or discomfort.

Your DOCTOR will ask about your indigestion symptoms as well as:

any other symptoms you have, which may indicate an underlying health condition

any medication you are taking (as some medications can cause indigestion)

your lifestyle (as some lifestyle factors, such as smoking or drinking alcohol, can cause indigestion)

Your DOCTOR may also press gently on different areas of your tummy to establish whether or not this is painful.

Depending on the type of indigestion symptoms you have, your DOCTOR may want to investigate your condition further. This is because indigestion can sometimes be a symptom of an underlying condition or health problem, such as a *Helicobacter pylori* (H pylori) bacterial infection.

Details of some of the further investigations you may have are outlined below.

Further investigations

Endoscopy

You may be referred to hospital to have an endoscopy.

An endoscopy is a procedure to examine the inside of your body using an endoscope - a thin, flexible tube, about the width of your little finger, with a light and a camera on one end. The camera is used to relay images of the inside of your body to a TV monitor.

An endoscopy is not often needed to diagnose indigestion, but your DOCTOR may suggest that you have one if:

they need to examine the inside of your abdomen in more detail

you have had treatment for indigestion that has not been effective

you have any serious symptoms of indigestion

Taking certain medicines for indigestion can hide some of the problems that could otherwise be spotted during an endoscopy. Therefore, for at least two weeks before your endoscopy, you will need to stop taking proton pump inhibitors (PPIs) and H₂-receptor antagonists (Read more about these treatments).

Your DOCTOR may also recommend changing other medications that may be causing your indigestion. However, only stop taking medication if you are

advised to do so by your DOCTOR or another healthcare professional responsible for your care.

Diagnosing H pylori infection

If your DOCTOR thinks that your symptoms may be due to an infection with H pylori bacteria, you may need to have several tests, such as:

a urea breath test: you will be given a special drink containing a chemical that can be digested by the bacteria, and your breath will then be tested for H pylori

a stool antigen test: a pea-sized stool (faeces) sample will be tested for H pylori bacteria

a blood test: a blood sample will be tested for antibodies to H pylori bacteria (antibodies are proteins produced by the body to fight infection)

Antibiotics and PPIs can affect the results of a urea breath test or a stool antigen test. Therefore, these tests may need to be delayed until two weeks after you last used a PPI, and four weeks after you last used an antibiotic.

Diagnosing other conditions

If your DOCTOR thinks that your indigestion symptoms may be caused by another underlying medical condition, you may need to have some further tests to rule this out.

For example, abdominal pain and discomfort can also be caused by conditions affecting the bile ducts in your liver. Your bile ducts are a series of tubes that carry bile (fluid used by the digestive system to break down fats) from the liver to the gallbladder (a pouch that holds bile) and the bowel. If your DOCTOR thinks that you may have such a condition, they may suggest you have a liver function test, which is a type of blood test used to assess how well your liver is working.

You may also need to have an abdominal ultrasound. An ultrasound scan uses high-frequency sound waves to create an image of the inside of your body.

Treating indigestion

Diet and lifestyle changes

If you have indigestion only occasionally with mild pain and discomfort, you may not need to see your DOCTOR for treatment. It may be possible to ease your symptoms by making a few simple changes to your diet and lifestyle, summarised below.

Healthy weight

Being overweight puts more pressure on your stomach, making it easier for stomach acid to be pushed back up into your oesophagus (gullet). This is known as acid reflux, and is one of the most common causes of indigestion.

If you are overweight or obese, it is important to lose weight safely and steadily through regular exercise and by eating a healthy, balanced diet. Read advice on losing weight.

Stop smoking

If you smoke, the chemicals you inhale in cigarette smoke may contribute to your indigestion. These chemicals can cause the ring of muscle that separates your oesophagus (gullet) from your stomach to relax. This allows stomach acid to leak back up into your oesophagus more easily (acid reflux).

Diet and alcohol

Make a note of any particular food or drink that seems to make your indigestion worse and avoid these if possible. This may mean:

eating less rich, spicy and fatty foods

cutting down on drinks that contain caffeine, such as tea, coffee and cola

avoiding or cutting down on alcohol

At bedtime

If you tend to experience indigestion symptoms at night, avoid eating for three to four hours before you go to bed. Going to bed with a full stomach means there is an increased risk that acid in your stomach will be forced up into your oesophagus while you are lying down.

When you go to bed, use a couple of pillows to prop your head and shoulders up, or raise the head of your bed by a few inches by putting something underneath the mattress. The slight slope that is created should help to prevent stomach acid moving up into your oesophagus while you are asleep.

Changing current medication

Your DOCTOR may recommend making changes to your current medication if they think it could be contributing to your indigestion.

As long as it is safe to do so, you may need to stop taking certain medications, such as aspirin or ibuprofen. Where possible, your DOCTOR will prescribe an alternative medication that will not cause indigestion. However, never stop taking any medication without consulting your DOCTOR first.

Immediate indigestion relief

If you have indigestion that requires immediate relief, your DOCTOR can advise you about the best way to treat this. As well as lifestyle changes and reviewing your current medication, your DOCTOR may prescribe or recommend:

antacid medicines

alginates

These are described in more detail below.

Antacids

Antacids are a type of medicine that can provide immediate relief for mild to moderate symptoms of indigestion. They work by neutralising the acid in your stomach (making it less acidic), so that it no longer irritates the lining of your digestive system.

Antacids are available in tablet and liquid form. You can buy them over the counter from most pharmacies without a prescription.

The effect of an antacid only lasts for a few hours at a time, so you may need to take more than one dose. Always follow the instructions on the packet to ensure you do not take too much.

It is best to take antacids when you are expecting symptoms of indigestion or when they start to occur, such as:

after meals

at bedtime

This is because antacids stay in your stomach for longer at these times and have more time to work. For example, if you take an antacid at the same time as eating a meal, it can work for up to three hours. In comparison, if you take an antacid on an empty stomach, it may only work for 20 to 60 minutes.

Read more about antacids, including possible interactions with other medicines and side effects.

Alginates

Some antacids also contain a medicine called an alginate. This helps relieve indigestion caused by acid reflux.

Acid reflux occurs when stomach acid leaks back up into your oesophagus and irritates its lining. Alginates form a foam barrier that floats on the surface of your stomach contents, keeping stomach acid in your stomach and away from your oesophagus.

Your DOCTOR may suggest that you take an antacid that contains an alginate if you experience symptoms of acid reflux or if you have gastro-oesophageal reflux disease (GORD).

Take antacids containing alginates after eating, because this helps the medicine stay in your stomach for longer. If you take alginates on an empty stomach, they will leave your stomach too quickly to be effective.

Treating persistent indigestion

If you have indigestion that is persistent or recurring, treatment with antacids and alginates may not be effective enough to control your symptoms. Your DOCTOR may prescribe a different type of medication, which will be prescribed at the lowest possible dose to control your symptoms. Possible medications include:

proton pump inhibitors

H₂-receptor antagonists

prokinetics

These are described in more detail below. Your DOCTOR may also test you for the *Helicobacter pylori* (H pylori) bacteria (see Indigestion - diagnosis) and prescribe treatment for this if necessary.

Proton pump inhibitors (PPIs)

PPIs inhibit the acid produced in your stomach.

The medication is taken as tablets and is generally only available with a prescription. If you are over 18, you can buy some types of PPIs over the counter in pharmacies, but these should only be used for short-term treatment. If your ingestion is persistent, see your DOCTOR.

PPIs may enhance the effect of certain medicines. If you are prescribed a PPI your progress will be monitored if you are also taking other medicines such as:

warfarin, a medicine that stops the blood clotting

phenytoin, a medicine to treat epilepsy

If your DOCTOR refers you for an endoscopy (a procedure that allows a surgeon to see inside your abdomen), you will need to stop taking a PPI at least 14 days before the procedure. This is because PPIs can hide some of the problems that would otherwise be spotted during the endoscopy.

In some cases, PPIs can cause side effects. However, they are usually mild and reversible. These side effects may include:

headaches

diarrhoea

constipation

nausea (feeling sick)

vomiting

flatulence (wind)

stomach pain

dizziness

skin rashes

H2-receptor antagonists

H2-receptor antagonists are another type of medication that your DOCTOR may suggest if antacids, alginates and PPIs have not been effective in controlling your indigestion. There are four H2-receptor antagonists:

cimetidine

famotidine

nizatidine

ranitidine

These medicines work by lowering the acidity level in your stomach. Click on the above links for more information on these drugs.

Your DOCTOR may prescribe any one of these four H₂-receptor antagonists, although famotidine and ranitidine are available to buy over the counter in pharmacies. H₂-receptor antagonists are taken either in tablet or liquid form.

As with PPIs, you will need to stop taking H₂-receptor antagonists at least 14 days before having an endoscopy. This is because they can hide some of the problems that could otherwise be spotted during the endoscopy.

Prokinetics

If you are still experiencing symptoms of indigestion after taking antacids, alginates and PPIs, your DOCTOR may suggest a medicine known as a prokinetic.

There are two types of prokinetics available:

domperidone

metoclopramide

Domperidone and metoclopramide help food pass through your stomach and the first part of your small intestine (duodenum) more quickly, so indigestion is less likely to occur.

You may be prescribed domperidone by your DOCTOR, although it is also available over the counter in pharmacies for people aged 16 or over.

Metoclopramide is only available on prescription from your DOCTOR. Both medicines can be taken in tablet or liquid form.

If you are prescribed domperidone, you will need to take it 15 to 30 minutes before a meal so it has time to work before your symptoms of indigestion start.

Helicobacter pylori (H pylori) infection

If your indigestion symptoms are caused by an infection with H pylori bacteria, you will need to have treatment to clear the infection from your stomach. This should help relieve your indigestion because the H pylori bacteria will no longer be increasing the amount of acid in your stomach.

H pylori infection is usually treated using triple therapy (treatment with three different medications). Your DOCTOR will prescribe a course of treatment containing:

two different antibiotics (medicines to treat infections that are caused by bacteria)

a PPI

You will need to take these medicines twice a day for seven days. You must follow the dosage instructions closely to ensure that the triple therapy is effective.

In up to 85% of cases, one course of triple therapy is effective in clearing an H pylori infection. However, you may need to have more than one course of treatment if it does not clear the infection the first time.

Complications of indigestion

In most cases, indigestion (dyspepsia) is mild and only occurs occasionally. However, severe indigestion can cause complications, some of which are outlined below.

Oesophageal stricture

Indigestion is often caused by acid reflux, which occurs when stomach acid leaks back up into your oesophagus (gullet) and irritates its lining. If this irritation builds up over time, it can cause your oesophagus to become scarred. The scarring can eventually lead to your oesophagus becoming narrow and constricted (known as oesophageal stricture).

If you have oesophageal stricture, you may have symptoms such as:

difficulty swallowing (dysphagia)

food that becomes lodged in your throat

chest pain

Oesophageal stricture is often treated using surgery to widen your oesophagus.

Pyloric stenosis

Like oesophageal stricture, pyloric stenosis is caused by long-term irritation of the lining of your digestive system from stomach acid.

Pyloric stenosis occurs when the passage between your stomach and your small intestine (known as the pylorus) becomes scarred and narrowed. This causes vomiting and prevents any food you eat from being properly digested.

In most cases, pyloric stenosis is treated using surgery to return the pylorus to its proper width.

Barrett's oesophagus

Repeated episodes of acid reflux can lead to changes in the cells of the lining of your lower oesophagus. This is a condition known as Barrett's oesophagus.

Barrett's oesophagus does not usually cause any noticeable symptoms other than those associated with acid reflux. However, there is a small risk that the cells affected by Barrett's oesophagus could turn cancerous and trigger oesophageal cancer.