Indigestion is an uncomfortable feeling in the upper abdomen. Heartburn is a painful, burning feeling rising up from the stomach or lower chest towards the throat. Medicines, and in some cases simple lifestyle changes, can relieve and prevent heartburn and indigestion.

**Indigestion**

Indigestion is a general term for uncomfortable symptoms in the upper abdomen (belly). Indigestion is often related to eating or drinking.

Indigestion includes:
- Upper abdominal(belly) discomfort or pain
- Burping
- Nausea, loss of appetite
- A bloated or full stomach feeling.

Indigestion is sometimes caused by a medical condition or by medicines. Sometimes no cause can be found.

**The Digestive System**

- oesophagus
- stomach
- liver
- large intestine
- small intestine
Heartburn
Heartburn is a painful burning feeling rising up from the stomach or lower chest towards the throat. It occurs when stomach acid refluxes (flows back up) into the oesophagus (food pipe) and irritates the inner lining of the oesophagus. This reflux happens when the valve that separates the oesophagus and the stomach does not close properly. Symptoms are often made worse by lying down, bending forward or straining.

Other symptoms of reflux include:
- Regurgitation of food or fluid into your mouth
- An acidic, sour or bitter taste in your mouth
- A sudden increase in saliva in your mouth
- A lot of burping
- Nausea
- Dry cough, especially at night
- Sore throat.

Frequent heartburn and reflux symptoms can be signs of gastro-oesophageal reflux disease (GORD). GORD involves repeated reflux of stomach acid, which can cause inflammation and damage to the lining of the oesophagus, called oesophagitis.

Risk factors
Factors that can cause or worsen indigestion and heartburn include:
- Certain foods (e.g., rich, spicy and fatty food, chocolate, peppermints, onions, tomatoes)
- Alcohol
- Caffeine
- A large meal
- Eating quickly
- Physical activity soon after a large meal
- Stress and anxiety
- Being overweight
- Wearing tight clothing around your waist
- Pregnancy, particularly late pregnancy
- Smoking
- Some medical conditions (e.g., GORD, stomach ulcer, gall stones)
- Certain medicines (e.g., aspirin, non-steroidal anti-inflammatory drugs, alendronate, risendronate, doxycycline, minocycline). Ask a pharmacist for information.

Self care
Try to identify and avoid things that make your symptoms worse. Simple changes to diet and lifestyle that can often prevent or reduce the symptoms of indigestion and heartburn include:
- Eat less fatty and spicy food, chocolate, peppermints and other known problem foods
- Eat smaller meals
- Eat slowly and chew food well
- Drink less alcohol
- Have less caffeine (e.g., coffee, tea, cola, energy drinks)
- Don’t dry swallow medicines. Always swallow medicines with a glass of water
- Don’t eat within 2-3 hours of going to bed

To find your nearest Self Care pharmacy go to the pharmacy finder at www.psa.org.au
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Important

Consult a doctor or pharmacist if:

• It is the first time you have experienced symptoms, especially if you are over 50 years or under 18 years.
• You experience indigestion, heartburn or other symptoms of reflux more than once a week
• Heartburn wakes you at night
• Symptoms are getting worse or are severe
• Symptoms are constant or keep returning, even with treatment
• It is difficult or painful to swallow
• Your bowel motions are black and tar-like or have blood in them
• You vomit and your vomit looks like coffee grounds or has blood in it
• You have lost weight and do not know why
• Symptoms get worse with or after exercise
• You have shortness of breath, sweating or pain radiating to your jaw, neck, arm or back.

Medicines

Medicines can relieve or prevent symptoms of indigestion and heartburn. Some are available from a pharmacist without a prescription. Pharmacists can advise on the best medicine for you and whether you should consult a doctor. Some of these medicines may interfere with other medicines that you take. Always ask a pharmacist or doctor for advice.

Medicines used for indigestion, heartburn and gastro-oesophageal reflux disease include:

• Antacids and alginates – Antacids (e.g., Mylanta, Gastrogel, Rennie) neutralise stomach acid. Alginates (e.g., Gaviscon) form a coating on top of stomach contents, which reduces acid reflux. Antacids and alginates are usually used for quick relief of occasional symptoms.

• H2 antagonists (e.g., ranitidine, famotidine, nizatidine) – They reduce gastric acid production in the stomach

• Proton pump inhibitors (PPIs) (e.g., esomeprazole, omeprazole, pantoprazole, lansoprazole, rabeprazole) – They reduce gastric acid production in the stomach. PPIs are usually the best treatment for heartburn

• Prokinetic medicines (e.g., domperidone, metoclopramide) – They speed up the passage of food through the stomach.

Note: PPIs and H2 antagonists are also used to protect the inner lining of the stomach and oesophagus during treatment with non-steroidal anti-inflammatory drugs (e.g., aspirin, ibuprofen, naproxen, diclofenac).

• Do not slump in a chair, bend over or lie down soon after meals
• Go for a short walk after your main meal
• Wear loose clothing around your waist
• Raise the head of your bed
• Reach and keep to a healthy weight
• Don’t smoke
• Learn and use relaxation techniques to manage stress.