



Heartburn

Learn more about it for better relief



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- Do you sometimes have stomach pain or a burning sensation in your stomach that occasionally rises toward your throat?
- Do you think you might have poor or slow digestion?
- Have you noticed that your symptoms worsen or improve after eating?

If you answered “yes” to one or more of these questions and your symptoms prevent you from enjoying life fully, you may have gastroesophageal reflux.

What is gastroesophageal reflux and what causes it?

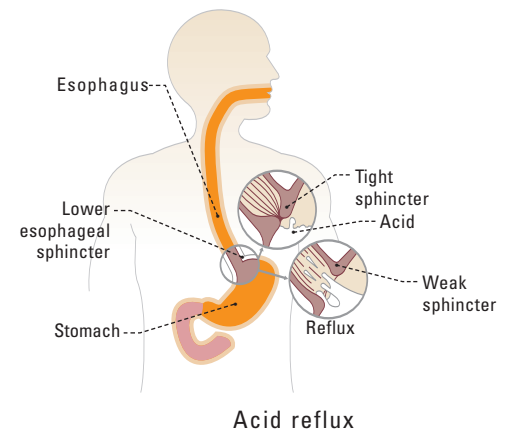
Gastroesophageal reflux, also known as “reflux”, occurs when the lower esophageal sphincter¹, a small “valve” located between the esophagus² and the stomach, does not function properly or is weak. This can cause back-flow of acidic stomach contents into the esophagus.

¹ Lower esophageal sphincter :
Small valve located in the lower end of the esophagus that prevents the stomach contents from coming back up into the mouth.

² Esophagus :
Tube leading from the mouth to the stomach, through which food passes.



Many people have mild reflux, but no symptoms. However, if reflux is a frequent occurrence or if a large quantity of acidic gastric juices flows back into the esophagus, the esophageal lining will become irritated, causing a burning sensation or discomfort that can limit daily activities.



How can I tell I have gastroesophageal reflux?

Heartburn is the most frequent symptom of reflux. As its name indicates, heartburn is a burning or hot sensation behind the breastbone or in the upper stomach that rises toward the throat. It may leave an acid, sour or bitter taste in the mouth or throat, or be accompanied by acid regurgitation¹.

Other symptoms can also be associated with reflux:

- stomach or chest pain or discomfort;
- nausea;
- respiratory problems such as asthma or coughing;
- hoarseness.

Symptoms can be present during the day, even at night. It should be pointed out that there is no link between the severity of the symptoms associated with reflux and the seriousness of the condition.

¹ Acid regurgitation :
Back-flow of gastric juices into the mouth, not induced by vomiting.



How can I relieve heartburn symptoms?

You can make a number of lifestyle and diet changes to help control reflux. In certain cases, mild or infrequent symptoms may in fact be managed simply by eliminating risk factors and triggers. The most effective measures are listed below:

1. Do not overeat. Have lighter meals.
2. Certain foods can cause or aggravate symptoms. In that case, eat less of those foods or eliminate them from your diet altogether.

Such foods include :

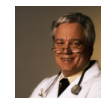
- coffee and tea ;
- chocolate ;
- colas and other soft drinks ;
- fried or fatty foods ;
- sweets ;
- mint ;
- some acidic foods (marinades, dressings, tomatoes and citrus fruits — oranges, lemons and grapefruits — and their juices) ;
- spicy dishes.



3. Make sure you finish eating at least two hours before going to bed. In addition, avoid bending over or lying down immediately after a meal or snack.
4. Drink less alcohol, or none at all. Alcohol weakens the lower esophageal sphincter.
5. Avoid strenuous exercise and physical exertion after meals.
6. Stop smoking. Nicotine contained in cigarettes reduces lower esophageal sphincter pressure. This contributes to the reflux of gastric acid into the esophagus and can exacerbate symptoms.
7. If you have symptoms at night, try sleeping on your left side. You can also temporarily raise the head of your bed by placing blocks of 10 cm to 15 cm (4 in. to 6 in.) under the legs or base. However, do not raise your upper body simply by propping yourself up with pillows.



8. Lose some weight if you're carrying a few extra pounds. Excess weight exerts pressure on the abdomen, which increases pressure on the stomach and can cause gastric acid to flow back into the esophagus.
9. Wear clothing that is loose-fitting at the waist and abdomen.
10. Eliminate sources of stress and find time to relax.
11. If you are taking medications or natural products, ask your doctor or pharmacist whether they can contribute to your symptoms. Certain drugs can slow the evacuation of stomach acid or stimulate acid reflux into the esophagus.





12. Keep track of the onset of your symptoms and their possible causes (for example, after having a meal or taking medication; after eating a certain food; after a meeting at work). It may help you identify triggers more accurately.

13. Certain over-the-counter medications such as antacids¹, alginates² and drugs that reduce gastric acid secretions (anti-H₂s) can effectively relieve mild reflux symptoms.

Ask your pharmacist about them. He or she can help you choose the product best suited to your condition, as necessary, and tell you how it should be taken. Remember to tell your pharmacist about any other medications you're taking, as some are rendered less effective by antacids.

1 Antacid:

A medication sold over the counter that contains aluminum/magnesium hydroxide or calcium carbonate and neutralizes acidic stomach contents.

2 Alginate:

A medicated ingredient, sometimes combined with an antacid, used in "raft-forming" formulations to create a barrier on the surface of the stomach's contents, thereby protecting the esophagus from contact with acid reflux.

Can reflux cause other problems if left untreated?

Yes. If you have a serious reflux problem and the esophageal lining is often exposed to the stomach's acidic contents, the lining may become damaged and small ulcers may develop.

When should I see a doctor?

You should see a doctor if your symptoms:

- are serious and interfere with your daily activities;
- occur more than three times a week;
- persist or are not relieved by lifestyle changes;
- persist or are not relieved by over-the-counter medications you took regularly over a period of no more than two to four weeks.

A doctor can evaluate your condition, prescribe any necessary examinations and, if applicable, recommend drugs requiring a medical prescription. Most of them inhibit the production of stomach acid. Your doctor will recommend the treatment best suited to your condition.



In addition, you should **consult a doctor immediately** if you have any of the following signs or symptoms:

- persistent heartburn or digestive discomfort that began after the age of 50;
- unintentional weight loss;
- chest or stomach pain radiating to your back, neck, jaws, shoulder or left arm — such pain can be indicative of a cardiac problem;
- painful swallowing or trouble swallowing;
- persistent pain after meals or in the evening;
- copious or protracted vomiting;
- black stools or traces of blood in vomit;
- no relief from pain or heartburn after taking an over-the-counter medication that used to be effective.



In conclusion...

If you have digestive discomfort similar to that described in this brochure, you may be suffering from gastroesophageal reflux. Fortunately, you may be able to control it and manage the symptoms by making a few diet and lifestyle changes. By watching out for triggers, you can modify or eliminate them.

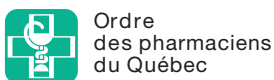
For relief of mild or occasional symptoms, feel free to contact your pharmacist. He or she will help you choose the most appropriate over-the-counter medication and tell you how it should be taken.

If your symptoms are more serious, occur more than three times a week and are not relieved by the measures proposed in this brochure, you should see a doctor.

Health professionals can obtain additional copies of this brochure by visiting the Website of the Conseil du médicament: www.cdm.gouv.qc.ca

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Association des pharmaciens
des établissements de santé du Québec



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