

## **Information Leaflet - Dyspepsia (Indigestion)**

Dyspepsia (indigestion) is a term which describes pain and sometimes other symptoms which come from your upper gut (the stomach, oesophagus or duodenum). There are various causes (described below). Treatment depends on the likely cause.

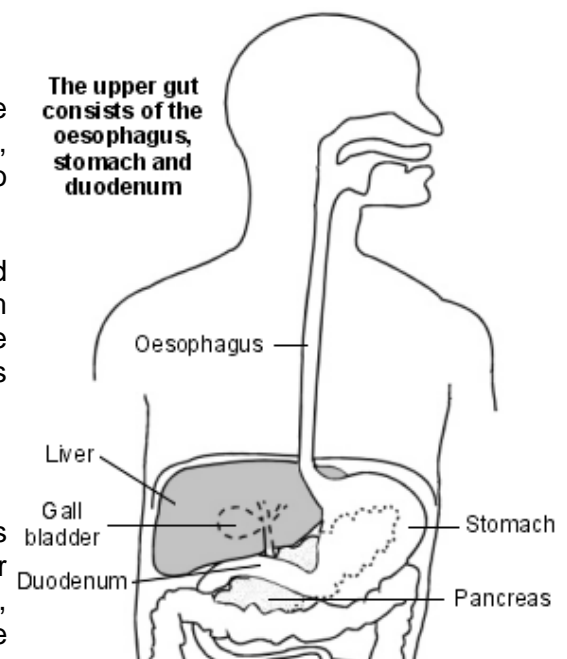
### **Understanding digestion**

Food passes down the oesophagus (gullet) into the stomach. The stomach makes acid which is not essential, but helps to digest food. Food then passes gradually into the duodenum (the first part of the small intestine).

In the duodenum and the rest of the small intestine, food mixes with enzymes (chemicals). The enzymes come from the pancreas and from cells lining the intestine. The enzymes break down (digest) the food. Digested food is then absorbed into the body from the small intestine.

### **What is dyspepsia?**

Dyspepsia is a term which includes a group of symptoms that come from a problem in your upper gut. The gut or 'gastrointestinal tract' is the tube that starts at the mouth, and ends at the anus. The upper gut includes the oesophagus, stomach, and duodenum.



Various conditions cause dyspepsia. The main symptom of dyspepsia is usually pain or discomfort in the upper abdomen. In addition, other symptoms that may also develop include: heartburn (a burning sensation felt in the lower chest area), bloating, belching, quickly feeling 'full' after eating, feeling sick (nausea) or vomiting. Symptoms are often related to eating. Symptoms tend to occur in 'bouts' which come and go, rather than being present all the time. Most people have a bout of dyspepsia, often called indigestion, from time to time. For example, after a large spicy meal. In most cases it soon goes away and is of little concern. However, some people have frequent bouts of dyspepsia which affects their quality of life.

### **What causes dyspepsia?**

Most cases of recurring dyspepsia are due to one of the following:

**Non-ulcer dyspepsia** - This is sometimes called 'functional' dyspepsia. It means that no known cause can be found for the symptoms. That is, other causes for dyspepsia such as duodenal ulcer, stomach ulcer, acid reflux, inflamed oesophagus (oesophagitis), gastritis, etc, are not the cause.

**Duodenal and stomach (gastric) ulcers** - An ulcer is where the lining of the gut is damaged and the underlying tissue is exposed. If you could see inside your gut, an ulcer looks like a small, red crater on the inside lining of the gut. These are sometimes called peptic ulcers.

**Duodenitis and gastritis** - (inflammation of the duodenum and/or stomach) - which may be mild, or more severe and a precursor to an ulcer.

**Acid reflux, oesophagitis and GORD** - Acid reflux is when some acid leaks up (refluxes) into the oesophagus from the stomach. Acid reflux may cause oesophagitis (inflammation of the lining of the oesophagus). The general term gastro-oesophageal reflux disease (GORD) means acid reflux, with or without oesophagitis. See separate leaflet called '*Acid Reflux & Oesophagitis*' for more detail.

**Hiatus hernia** - This is where the top part of the stomach pushes up into the lower chest through a defect in the diaphragm. The diaphragm is a large flat muscle that separates the lungs from the abdomen. It helps us to breathe. A hiatus hernia commonly causes GORD. See separate leaflet called '*Hiatus Hernia*' for more detail.

**Infection with *H. pylori*** - *Helicobacter pylori* is a bacterium (germ). It can infect the lining of the stomach and duodenum. It is one of the most common infections in the UK. More than a quarter of people in the UK become infected with *H. pylori* at some stage in their life.

**Medication** - Some drugs may cause dyspepsia as a side-effect. Anti-inflammatory drugs are the most common culprits. These are drugs that many people take for arthritis, muscular pains, sprains, period pains, etc. and include aspirin, ibuprofen, diclofenac and others. Anti-inflammatory drugs can affect the lining of the stomach and allow acid to cause inflammation and ulcers.

### What is normally done if you develop dyspepsia?

Following the initial assessment, depending on your circumstances such as the severity and frequency of symptoms, your doctor may suggest one or more of the following plans of action.

**Antacids taken as required** - Antacids are alkali liquids or tablets that can neutralise the stomach acid. A dose may give quick relief. There are many brands which you can buy. You can also get some on prescription. If you have mild or infrequent bouts of dyspepsia you may find that antacids used 'as required' are all that you need.

**A change or alteration in your current medication** - This may be possible if a drug that you are taking is thought to be causing the symptoms or making them worse.

**Test for *H. pylori* infection and treat if it is present** - A test to detect *H. pylori* is commonly done if you have frequent bouts of dyspepsia. Tests include a 'breath test', blood test, a 'stool antigen test' where a pea-sized sample of your faeces (stools) is tested for *H. Pylori*. A biopsy (small sample) of the lining of the stomach is taken can be tested for *H Pylori* if you have a gastroscopy investigation.

**Acid suppressing medication** - A one month trial of full dose medication which reduces stomach acid may be considered.

### Can lifestyle changes help?

**For all types of dyspepsia:**

- avoid peppermint, tomatoes, chocolate, spicy foods, hot drinks, coffee, and alcoholic drinks.
- give up smoking, and exercise for at least 30 minutes every week
- losing some weight may ease the symptoms.

**For dyspepsia due to acid reflux - when heartburn is a major symptom:**

- avoid lying down or bending forward a lot during the day. Sitting hunched or wearing tight belts may put extra pressure on the stomach which may make any reflux worse.
- don't eat in the last three hours before bedtime, and don't drink in the last two hours before bedtime. If you are able, try raising the head of the bed by 10-20 cms with books or bricks under the bed's legs. This helps gravity to keep acid from refluxing into the oesophagus.

### Further Help and information

**CORE** (formerly Digestive Disorders Foundation)

3 St Andrews Place, LONDON NW1 4LB Tel: 020 7486 0341

[www.corecharity.org.uk](http://www.corecharity.org.uk)

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