

## Indigestion

### Indigestion overview

Indigestion or dyspepsia causes chronic or recurrent pain in the upper abdomen, together with a sensation of fullness earlier than expected when eating. The abdomen may feel bloated and tender when palpated.

Caused by excess stomach acid, dyspepsia is a common condition and is often due to GORD or gastritis, but may occasionally be the first symptom of a more serious condition<sup>3</sup>.

### Indigestion symptoms

Indigestion symptoms can range from mild discomfort that lasts just a few minutes to severe pain, sometimes accompanied by nausea and vomiting, that goes on for several hours.

The most common symptoms are:

- Pain or discomfort in the stomach and under the ribs
- The chest pain of heartburn
- Feeling bloated or uncomfortably full after eating
- Cramps or a clenched or knotted feeling in the stomach
- Stomach rumbling or gurgling
- Burping, flatulence or trapped wind
- Nausea or vomiting.

### Indigestion Causes<sup>4</sup>

Obesity increases the likelihood of indigestion, as excess weight increases the pressure inside your abdomen, which can force open the muscular valve between your oesophagus and stomach, causing stomach acid to leak into your oesophagus.

**Hiatus hernia** can also cause indigestion, as part of the stomach pushes up into the diaphragm and prevents the valve between your oesophagus and stomach from closing, thus allowing stomach acid back up into your oesophagus.

**Helicobacter pylori infection** is a bacterial infection which can cause recurring bouts of indigestion and stomach ulcers. *Helicobacter pylori* infections often do not cause any symptoms, but in some cases the infection

can damage your stomach lining and create excess stomach acid, which can also irritate your duodenum (the top of the small intestine).

**Medication** for conditions such as angina, high blood pressure or chronic lung disease can occasionally cause symptoms of indigestion. It may also be triggered by the use of non-steroidal anti-inflammatory drugs (NSAIDs)<sup>3</sup>, which are painkillers such as ibuprofen and naproxen.

Recurring indigestion could also be a symptom of a more serious condition such as a peptic ulcer or, in rare cases, stomach cancer.

### **Indigestion Prevention**

A simple lifestyle change, such as a sensible diet, can help to reduce the frequency of indigestion. Some ways to help prevent indigestion include:

- Eat and drink in moderation.
- Eat smaller meals at regular times
- Eat and drink slowly, giving your meal a chance to digest afterwards
- Try not to eat late at night or when you feel stressed
- Avoid rich or spicy food
- Avoid 'trigger foods' such as citrus fruits, onions, beans and pulses, as well as perhaps unexpected culprits: cabbage, tomatoes and cucumber
- Avoid fizzy drinks, wine and neat spirits
- Cut down on caffeine as this may relax the muscular valve between the oesophagus and the stomach
- If you're a smoker, try to cut down or give up as nicotine can irritate your digestive system
- Try to take regular exercise (but not straight after a meal) as this can aid digestion
- Avoid medicines such as aspirin and anti-inflammatory medicines (NSAIDs).

### **Indigestion Treatment**

In a recent independent review by an international medical panel, calcium/magnesium based antacids were recommended as the first line of treatment for indigestion sufferers<sup>1</sup>.

An antacid formulation works by neutralising excess stomach acid, thus helping to relieve the pain and bloating of indigestion, even during pregnancy. (You should talk to your doctor or pharmacist before using any medicines during pregnancy.)

H2 blockers are another type of remedy that works by reducing the amount of acid that your stomach produces.

If neither antacids nor H2 blockers stop your symptoms, your GP may prescribe other types of medicine

**Sources:**

1. Kennedy T, Jones R. The prevalence of gastro-oesophageal reflux symptoms in the UK population and the consultation behaviour of patients with these symptoms. *Aliment Pharmacol Ther* 2000; 14: 1589-94
2. Marrero JM, Goggin PM, de Caestecker JS, Pearce JM, Maxwell JD. Determinants of pregnancy heartburn. *Br J Obstet Gynaecol* 1992;99: 731-4
3. Seager JM, Hawkey CJ: **ABC of the upper gastrointestinal tract: Indigestion and non-steroidal anti-inflammatory drugs.** *Bmj* 2001, **323**:1236-1239.
4. <http://www.nhs.uk/Conditions/Indigestion/Pages/Causes.aspx?url=Pages/What-is-it.aspx>

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A wide range of women's health resources are available at [www.healthywomen.org.uk](http://www.healthywomen.org.uk)

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