

# INDIGESTION

## Patient Information Fact Sheet

### ›What is indigestion?

Indigestion, also known as dyspepsia, is a general term used to describe discomfort or pain in the upper abdomen or chest, usually after meals. When a burning discomfort is felt behind the breast bone, it is known as heartburn. Pain in the upper abdomen may come and go with pain ranging from mild to severe. For some people it can be relieved by food, especially if it feels like a hunger pain, although for others it can occur after eating. It can occur by day or at night, when it may be relieved by a snack or a drink of milk. Alternatively, it can occur without any relation to food at all. The stomach may feel full soon after starting to eat, so that it is difficult to finish a meal, or there may be an uncomfortable sense of fullness or bloating after a meal. The word “indigestion” may also be used to describe nausea, retching or even vomiting after food.

### ›What causes indigestion?

Indigestion symptoms may be caused by inflammation of the stomach lining, which can occur as a result of overindulgence in alcohol, the use of aspirin-containing drugs, or due to infection. Another cause can be inflammation of the esophagus, described as “esophagitis.” This is usually caused by digestive juices (acid) repeatedly moving upward from the stomach to the esophagus.

Tests are usually not needed to diagnose indigestion. If they are and no cause is found, the term “non-ulcer dyspepsia” may be used, meaning that no ulcer has been found to account for the symptoms. An ulcer is a break in the lining of the stomach or duodenum (the first part of the small intestine). Because of a component of digestive juice, called pepsin, they are often described as a “peptic ulcer.” Other recognizable causes of indigestion include disorders of the intestine, gallbladder or pancreas. Sometimes indigestion may be caused by drugs commonly taken for arthritis, which can cause irritation of the stomach lining.

### ›Are there tests to confirm indigestion?

Many people do not require tests, but as persistent indigestion may suggest a more serious underlying complaint, the doctor may decide to arrange:

*An endoscopy*—which involves swallowing a slim flexible telescope with a light in the end to enable the doctor to look into the stomach.

*A barium swallow*—which involves swallowing a liquid which enables the outline of the stomach to show up on X-ray.

*An ultrasound*—a technique using reflected sound waves to show the structure of abdominal organs. This technique does not involve passing any tubes into the body.

*A blood test*—to detect anemia or other abnormality.

### ›How is indigestion treated and prevented?

Your doctor should review your diet and lifestyle with you to see if any changes can be made to lessen or prevent indigestion. There are many over-the-counter antacids as well as prescription-strength drugs available, depending on the cause of the problems.

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Although more research is necessary to determine all the risk factors, the following steps should help:

- Don't smoke
- Eat meals at regular times
- Do not rush meals
- Enjoy eating and drinking, but do so in moderation
- Avoid those foods you associate with symptoms
- Don't take aspirin for headaches, colds and coughs—take acetaminophen instead
- Avoid taking anti-arthritis pain killers if at all possible: ask your doctor for advice
- Try not to let stressful situations upset you
- Eat your evening meal well before going to bed so that it has time to digest
- Raise the head of the bed six to eight inches on blocks: this will help keep the acid down in the stomach where it belongs
- Avoid being overweight; try to lose weight if you are
- Avoid excessive caffeine, fats and alcohol
- Avoid tight belts or clothing
- Avoid bending down or lying flat after meals.

### › **When should I seek help for indigestion?**

Many people who suffer occasional indigestion and heartburn can obtain relief from simple antacid tablets which are available over the counter in pharmacies.

You should see your doctor if: You suffer from heartburn regularly (every week or every day); your indigestion symptoms persist for more than two weeks, especially if this is a new symptom, do not respond to antacids, interfere with work, leisure and/or sleep.

This advice is particularly important if you:

- are over 45
- have a family history of gastric problems
- drink or smoke heavily
- take aspirin regularly
- take regular anti-arthritis pain killers.

### ›Why can indigestion be confused with heart disease?

Indigestion is characterized by pain centered in the upper abdomen. Heartburn is a burning pain in the chest, often made worse by bending or lying down. Pain from the heart is also felt in the chest and sometimes in the upper abdomen. There are two kinds of heart pain. The first—angina—is a pain in the chest due to a temporary shortage of oxygen being carried in the blood to the heart muscle. Angina should be suspected if the chest pain is brought on by exercise and relieved by rest.

The second is the more severe and prolonged pain of a heart attack. A heart attack should be suspected if the pain is felt intensely in the center of the chest, spreading perhaps to one or both arms (especially the left) and into the lower jaw; or feels like a heavy pressure or is “vice-like.” **Potentially dangerous confusion can arise when someone neglects their heart pain believing it to be indigestion.**

You should consult your doctor urgently if you experience:

- Severe prolonged chest pain
- Red or altered blood (like coffee grounds) in vomit
- Black stools
- Rapid weight loss
- Recurrent vomiting
- Difficulty in swallowing
- Yellowing of the skin (jaundice)
- Pain radiating to the back

### ›Further Information:

National Digestive Diseases Information Clearinghouse (NDDIC):  
<http://www.digestive.niddk.nih.gov/ddiseases/pubs/indigestion/index.aspx>

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