CONDITION

Heartburn/GERD

Heartburn and GERD involve stomach contents flowing back into the esophagus, causing burning, regurgitation, or tissue irritation.

WHAT IT IS
Repeated stomach-content reflux causing troublesome symptoms or esophageal injury

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Burning behind breastbone, sour taste, regurgitation, upper abdominal pain

WHAT CAUSES IT
Backflow through a weak or relaxing lower esophageal valve

HOW IT IS DIAGNOSED
Upper endoscopy or ambulatory reflux monitoring

MAIN TREATMENT
Lifestyle changes and acid-reducing medicines

CAN IT BE CURED?
Sometimes - symptoms can resolve after treatment or surgery

IS IT AN EMERGENCY?
Sometimes - new severe chest pain needs emergency assessment

LONG-TERM OUTLOOK
Usually manageable, though symptoms may return

Overview

Heartburn is a burning feeling behind the breastbone. It happens when stomach contents flow backward into the esophagus, the tube that carries food from your mouth to your stomach. Despite its name, heartburn does not come from the heart.

Occasional reflux is common. Gastroesophageal reflux disease, usually shortened to GERD, means reflux repeatedly causes troublesome symptoms, affects daily life, or damages the esophagus. Not everyone with heartburn has GERD, and some people with GERD do not feel burning.

A ring of muscle called the lower esophageal sphincter normally acts like a valve above the stomach. When this valve relaxes at the wrong time or does not close well, acidic stomach contents can move upward. The esophagus has less protection from acid than the stomach, so

repeated exposure may cause pain or inflammation.

GERD matters because persistent symptoms can disturb sleep, eating, work, and exercise. Over time, some people develop injury or narrowing of the esophagus. Most people can control the condition with practical changes, medicines, or both.

Symptoms

Heartburn usually feels like burning or discomfort in the middle of the chest. It may rise toward the throat and often occurs after eating, when bending over, or when lying down.

Other possible symptoms include:

Cough, hoarseness, asthma-like symptoms, and a feeling of a lump in the throat can have many causes. Reflux may contribute, but these symptoms alone do not prove that GERD is responsible.

Chest discomfort from reflux can resemble pain caused by a heart problem. It is not always possible to tell the difference from the feeling alone. New, severe, or unexplained chest pain should not be assumed to be heartburn.

Babies, children, and pregnant people may also experience reflux, but assessment and treatment can differ from the approach used for other adults.

- Regurgitation, meaning liquid or food comes back into the throat or mouth
- A sour, acidic, or bitter taste
- Upper abdominal or chest discomfort
- Nausea, belching, or excess saliva
- Difficulty or pain when swallowing
- A feeling that food is sticking
- Nighttime coughing, hoarseness, or throat clearing

Causes and risk factors

GERD usually develops when the valve between the esophagus and stomach allows repeated backflow. This may happen because the valve is weak or relaxes too often.

A hiatal hernia can contribute. This means part of the stomach has moved upward through the muscle separating the chest from the abdomen. Many hiatal hernias cause no symptoms, and having one does not always mean you have GERD.

Factors that can increase reflux or make symptoms more noticeable include:

Commonly reported triggers include alcohol, coffee, chocolate, mint, high-fat meals, spicy foods, tomatoes, and citrus. These do not affect everyone. Avoiding a long list of foods without a clear connection to your symptoms can make eating unnecessarily restrictive.

Some medicines can worsen reflux, irritate the esophagus, or cause symptoms that resemble GERD. Do not stop a prescribed medicine on your own. A pharmacist or clinician can review whether it may be contributing.

- Increased pressure on the abdomen, including during pregnancy
- Overweight or obesity
- Large meals or lying down soon after eating
- Smoking
- Some medicines
- Delayed emptying of the stomach
- Certain foods or drinks that trigger symptoms for that individual

Diagnosis

GERD is often assessed from the pattern, timing, and frequency of symptoms. Your clinician may ask about swallowing problems, bleeding, weight loss, medicines, family history, and whether symptoms occur with exertion.

If the symptoms are typical and there are no warning signs, a clinician may recommend a limited trial of acid-reducing treatment. Improvement can support the assessment, but it does not prove that every symptom was caused by reflux.

An upper endoscopy may be needed when symptoms suggest a complication, do not improve as expected, or require further investigation. During this procedure, a thin flexible camera is passed through the mouth to examine the esophagus and stomach. Small tissue samples may be taken. Endoscopy can find inflammation, narrowing, Barrett's esophagus, ulcers, or another cause. A normal endoscopy does not rule out GERD.

Ambulatory reflux monitoring measures reflux over a day or longer while you follow your usual activities. A small sensor is placed in the esophagus, either through the nose or during endoscopy. This test can show whether symptoms match episodes of acid or non-acid reflux.

Esophageal manometry measures how the esophagus and its muscles work. It is not usually used to confirm GERD by itself, but it can help investigate swallowing problems or prepare for

reflux procedures.

Treatment and management

Treatment aims to reduce symptoms, heal injured tissue, and prevent complications. The best approach depends on symptom frequency, test findings, other health conditions, and which treatments have already helped.

Practical changes may include:

Extra pillows may bend the body without raising the chest effectively. A wedge or blocks that elevate the head of the bed may work better for nighttime reflux.

Antacids neutralize stomach acid and can provide short-term relief. Alginates form a barrier above stomach contents and may reduce regurgitation. These products do not heal all forms of esophageal injury, and frequent use should be discussed with a pharmacist or clinician. They can also affect how some other medicines are absorbed.

Histamine-2 receptor blockers, or H2 blockers, reduce acid production. Proton pump inhibitors like omeprazole or lansoprazole , or PPIs, suppress acid more strongly and are commonly used when symptoms are frequent or the esophagus needs time to heal. The medicine should be used according to its label or the plan provided by your clinician.

PPIs are generally well tolerated when used appropriately. The reason for treatment, expected duration, and need for ongoing use should be reviewed from time to time. Suddenly stopping after regular use can temporarily increase acid-related symptoms, so ask about a suitable plan before changing long-term treatment.

Procedures may be considered when testing confirms significant reflux and medicines are ineffective, unwanted, or not tolerated. Options include surgery that strengthens the valve area and selected endoscopic procedures performed through the mouth. Surgery may help, especially when a substantial hiatal hernia is present, but it can cause swallowing difficulty, bloating, or reduced ability to belch or vomit. Symptoms can also return.

- Eating smaller meals if large meals trigger reflux
- Avoiding lying down for two to three hours after eating
- Raising the head of the bed for nighttime symptoms
- Losing weight if excess weight is contributing
- Stopping smoking
- Limiting only the foods and drinks that clearly trigger symptoms

Complications

Repeated acid exposure can cause esophagitis, meaning inflammation and injury of the esophagus. Bleeding or scar tissue may follow. Scar tissue can create a stricture, which is a narrowed area that makes swallowing difficult.

Some people develop Barrett's esophagus, in which the cells lining the lower esophagus change after long-term reflux. Barrett's increases the risk of esophageal cancer, but most people with Barrett's do not develop cancer. It may require scheduled endoscopic monitoring.

Reflux can also contribute to dental enamel damage. Cough or throat symptoms may occur, although these often have additional or unrelated causes.

Prevention

GERD cannot always be prevented. Valve function, pregnancy, a hiatal hernia, body structure, and some medical conditions are not fully under your control.

You may be able to reduce episodes by maintaining a weight that is healthy for you, avoiding smoking, leaving time between eating and lying down, and limiting your own proven triggers. These steps do not guarantee that GERD will not develop or return.

If you need medicines that may worsen reflux, ask whether timing, technique, or an alternative could help. Do not stop prescribed treatment without advice.

Living with it and what to expect

GERD often follows a long-term pattern in which symptoms improve and return. Some people have occasional episodes controlled with simple measures. Others need regular acid-reducing treatment to stay comfortable or keep the esophagus healed.

Symptoms may change with weight, pregnancy, eating patterns, medicines, or the development of a hiatal hernia. A treatment that once worked may need review if symptoms become more frequent, swallowing changes, or nighttime reflux develops.

Long-term medicine is appropriate for some people, particularly when severe inflammation or another complication has been found. Others may be able to reduce treatment after symptoms settle. This should be based on the reason for treatment rather than concern about medicines alone.

Most people continue their usual work, exercise, travel, and social activities. Learning which

meals, positions, or routines affect your symptoms can make management less restrictive. Follow-up is more important if you have Barrett's esophagus, a stricture, ongoing inflammation, or symptoms that do not respond as expected.

When to get medical help

Call emergency services for new or severe chest pain, especially if it feels like pressure or squeezing or occurs with:

Emergency assessment is also appropriate for vomiting blood, vomit that looks like coffee grounds, or black, tar-like stools. These can indicate bleeding.

Seek urgent medical care if food is stuck and you cannot swallow liquids or saliva. Persistent vomiting or signs of dehydration also need prompt assessment.

Arrange a routine medical appointment if:

Routine review is not the same as emergency care. It allows your symptoms and treatment to be reassessed and helps determine whether testing is needed.

- Shortness of breath
- Sweating, faintness, or marked weakness
- Pain spreading to the arm, shoulder, jaw, back, or upper abdomen
- Nausea or vomiting
- Heartburn is frequent, persistent, or regularly wakes you
- You repeatedly need non-prescription medicines
- Treatment has stopped working
- Swallowing is painful or becoming more difficult
- Food often feels stuck
- You have unexplained weight loss, anemia, or reduced appetite
- Cough, hoarseness, or throat symptoms continue without a clear cause

Common questions

Can GERD go away on its own?

Occasional reflux may settle when a temporary trigger ends. GERD can also improve after weight loss, pregnancy, medicine changes, or effective treatment. However, symptoms often

return because the underlying valve problem may remain. A period without symptoms does not always mean the condition has permanently resolved.

What foods should I avoid with GERD?

There is no single GERD diet. Instead of removing every commonly listed trigger, notice what reliably causes your symptoms. Large or high-fat meals, alcohol, coffee, chocolate, mint, spicy foods, tomatoes, and citrus affect some people but not others. Meal size and timing may matter as much as the ingredients.

How can I tell heartburn from a heart attack?

You cannot always distinguish them based on symptoms alone. Burning after a meal or when lying down may suggest reflux, but heart-related pain can also feel like burning or indigestion. New, severe, unexplained, or exertional chest discomfort needs urgent assessment, particularly with breathlessness, sweating, weakness, or spreading pain.

What is the best sleeping position for acid reflux?

Raising the head and upper chest may reduce nighttime reflux. Some people have fewer episodes when sleeping on their left side. Avoiding food for two to three hours before bed can also help. Choose an approach that is safe and comfortable for your mobility and other health needs.

Are proton pump inhibitors safe to take long term?

PPIs have a well-established role in treating GERD and healing acid-related injury. Like all medicines, they can have side effects and may not be needed indefinitely in every case. If you use one long term, the reason and dose should be reviewed periodically. Do not stop suddenly without discussing how to manage possible rebound symptoms.

Can GERD cause a cough or sore throat?

Reflux may contribute to coughing, hoarseness, throat clearing, or soreness, particularly when symptoms occur after meals or at night. However, allergies, asthma, infection, smoking, medicines, and other conditions are common causes. Throat symptoms alone cannot confirm GERD.

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