SYMPTOM

Belching

Belching is the release of swallowed air from the stomach or food pipe through the mouth.

WHAT IT FEELS LIKE
Air rising and releasing through your mouth

WHERE IT IS FELT
Upper belly, chest, throat, and mouth

MOST COMMON CAUSES
Swallowed air, fizzy drinks, eating quickly

WHEN IT IS URGENT
Severe belly pain or repeated vomiting with belching

USUALLY LASTS
Seconds per episode; repeated belching lasts as long as its cause

SEE A DOCTOR IF
Frequent belching persists or disrupts eating, sleep, or daily life

Overview

Belching, sometimes called burping, is the release of air through the mouth. Most belches happen when swallowed air collects in the stomach and moves back up through the food pipe, or esophagus.

Occasional belching is a normal body process. You may belch more after eating quickly, drinking a fizzy drink, chewing gum, or talking while eating. Belching itself is a symptom, not a disease, and it does not point to one diagnosis.

Frequent belching may sometimes occur with indigestion, acid reflux, bloating, or a pattern of repeatedly drawing air into the food pipe and releasing it. The timing and other symptoms can help show whether medical assessment is needed.

What it may feel or look like

A belch may feel like pressure or air rising from the upper belly or chest into the throat. The air then escapes through the mouth, sometimes with a sound. You may briefly feel less full afterward.

Belching may happen once or several times after a meal. Some people experience rapid, repeated belches that continue for minutes or longer. These may become more noticeable during stress, conversation, or certain activities.

Other symptoms can provide useful clues. These may include:

Belching is different from vomiting because it releases air rather than stomach contents. A small amount of liquid may occasionally rise with acid reflux, but repeated regurgitation should be discussed with a healthcare professional.

- Upper-belly fullness, bloating, or discomfort
- A burning feeling behind the breastbone
- A sour or bitter taste in the mouth
- Nausea or feeling full sooner than expected
- Passing more gas from the bowel

Common causes

The most common cause is swallowing air. Everyone swallows some air while eating and drinking. More may be swallowed when you eat quickly, drink through a straw, talk while chewing, smoke, chew gum, suck hard sweets, or wear loose-fitting dentures.

Fizzy drinks release carbon dioxide gas in the stomach. This often leads to belching soon after drinking them.

Belching can also occur with gastroesophageal reflux disease, or GERD. This means stomach contents repeatedly move into the food pipe. Reflux may also cause heartburn, a sour taste, coughing, or discomfort after meals or when lying down.

Functional dyspepsia is ongoing upper-belly discomfort without a visible structural cause on routine testing. It may cause belching, fullness after eating, early fullness, nausea, or upper-belly pain.

Some repeated belching comes from air being drawn into the food pipe and immediately pushed out, without reaching the stomach. This is called supragastric belching. It is a learned body pattern rather than a deliberate action. It may lessen during sleep or when attention is directed elsewhere.

Less commonly, belching may accompany delayed stomach emptying, a hiatus hernia, food intolerance, or another digestive condition. Medicines and devices that increase swallowed air, including positive airway pressure equipment used for sleep apnea, may contribute. Do not

stop prescribed treatment; ask about adjustments instead.

When to seek medical care

Arrange a routine appointment if belching is frequent, has changed without a clear reason, continues despite simple changes, or interferes with eating, sleep, work, or social activities.

You should also book an appointment if belching occurs with difficulty swallowing, frequent heartburn, ongoing upper-belly discomfort, reduced appetite, unexplained weight loss, or feeling full after only a small amount of food.

Seek same-day medical advice if belching comes with severe or worsening belly pain, repeated vomiting, a swollen belly that does not settle, or an inability to keep fluids down.

Call emergency services for chest pain or pressure accompanied by shortness of breath, sweating, faintness, or pain spreading to the arm, jaw, back, or shoulder. Do not assume chest discomfort is only trapped gas. Vomiting blood, vomit that resembles coffee grounds, or black, tar-like stools also requires emergency care.

How the cause is found

Many people do not need tests. A healthcare professional may ask when the belching happens, how often it occurs, whether it stops during sleep, and whether it is linked to meals, drinks, stress, heartburn, pain, or bloating.

They may review your medicines, eating habits, dental fit, smoking, and use of sleep-apnea equipment. An examination may focus on your belly, mouth, throat, and general health.

Tests depend on your other symptoms. They may include testing for Helicobacter pylori , a bacterium that can affect the stomach, or an upper endoscopy, which uses a thin camera to examine the food pipe and stomach. Endoscopy is not routinely needed for simple belching.

If the pattern is unclear or treatment has not helped, esophageal impedance monitoring may be considered. This test tracks the movement of air and liquid through the food pipe and can distinguish stomach belches from supragastric belching.

Treatment and self-care

Treatment depends on what is causing the belching. You can start by slowing down at meals, taking smaller bites, chewing with your mouth closed, and pausing between mouthfuls.

It may help to reduce fizzy drinks, gum, hard sweets, and habits that make you swallow air. If one food or drink seems linked to symptoms, keep a brief record rather than removing many foods at once.

If you also have reflux, avoiding large meals close to bedtime and noticing personal food triggers may help. Medicines for acid reflux are not a general treatment for belching and should be used for an appropriate reason.

Diaphragmatic breathing can help some people with repeated supragastric belching. This involves slow breathing that gently expands the abdomen rather than lifting the upper chest. Speech therapy or another form of behavioral therapy may help retrain the air-movement pattern.

Avoid trying to force belches out, as this may lead to more air swallowing and continue the cycle.

What to expect

Belching caused by swallowed air or fizzy drinks often settles soon after the trigger passes. Changing how you eat and drink may reduce episodes within days, although habits can take longer to change.

Belching linked to reflux or another digestive problem may improve when that condition is managed. Supragastric belching can persist, but breathing and behavioral treatments may reduce its frequency and impact.

Return for follow-up if symptoms continue, become more disruptive, or new symptoms develop. A changing pattern may require a fresh assessment even if earlier tests were reassuring.

Common questions

Is frequent belching always caused by excess stomach gas?

No. Some belches release air from the stomach, while others happen when air enters the food pipe and is quickly expelled. The pattern may matter more than the loudness of the belch.

Can anxiety cause belching?

Stress or anxiety can change breathing, eating, and swallowing patterns. This may increase swallowed air or repeated supragastric belching. That does not mean the symptom is imagined.

Does belching mean I have acid reflux?

Not necessarily. Reflux is one possible cause, especially if you also have heartburn or a sour taste. Many people belch because of swallowed air without having reflux disease.

Should I stop using my sleep-apnea machine if it causes air swallowing?

No. Continue using prescribed equipment and contact your sleep-care team. Mask fit, pressure settings, or sleeping position may need review.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases. "Symptoms & Causes of Gas in the Digestive Tract."
- Moshiree B, Drossman D, Shaukat A. "AGA Clinical Practice Update on Evaluation and Management of Belching, Abdominal Bloating, and Distention: Expert Review." Gastroenterology . 2023;165(3):791-800.
- Katz PO, Dunbar KB, Schnoll-Sussman FH, et al. "ACG Clinical Guideline for the Diagnosis and Management of Gastroesophageal Reflux Disease." American Journal of Gastroenterology . 2022;117(1):27-56.
- Trudgill NJ. "Managing a Patient with Excessive Belching." Frontline Gastroenterology . 2014;5(2):79-83.