SYMPTOM

Hiccups

Hiccups are repeated, involuntary diaphragm spasms that cause a sudden "hic" sound.

WHAT IT FEELS LIKE
Repeated sudden jerks followed by a "hic" sound

WHERE IT IS FELT
Chest, upper belly, and throat

MOST COMMON CAUSES
Large meals, fizzy drinks, sudden excitement

WHEN IT IS URGENT
Hiccups stopping you from eating, drinking, or sleeping

USUALLY LASTS
A few minutes for ordinary bouts

SEE A DOCTOR IF
Lasting longer than 48 hours or repeatedly returning

Overview

A hiccup happens when your diaphragm suddenly tightens without your control. The diaphragm is the broad muscle beneath your lungs that helps you breathe. The spasm is followed by a quick closing of the vocal cords, which creates the familiar "hic" sound.

Most bouts begin without warning and stop within a few minutes. They often follow eating, drinking, laughing, or a sudden change in emotion.

Hiccups lasting longer than 48 hours are called persistent hiccups. Those lasting longer than one month may be called intractable hiccups. These longer episodes are uncommon and may be linked to an illness, medicine, or recent medical procedure. They deserve medical assessment rather than repeated home remedies.

What it may feel or look like

You may notice a quick tightening or jerk in your chest or upper belly. This is followed almost immediately by a "hic." The hiccups may come at regular intervals or change in frequency.

A brief episode is generally more annoying than painful. Frequent or prolonged hiccups can

make it difficult to:

Persistent hiccups may lead to tiredness, reduced food intake, weight loss, or dehydration. They can also worsen heartburn by affecting pressure around the stomach and food pipe.

- Eat or drink normally
- Speak without interruption
- Fall asleep or remain asleep
- Recover comfortably after surgery
- Manage chest or abdominal pain from another condition

Common causes

Brief hiccups often have no clear cause. Common triggers include eating a large meal, eating quickly, drinking fizzy drinks, or drinking alcohol. Very hot or cold foods may also trigger an episode.

Laughing, excitement, stress, and sudden temperature changes can affect the nerves involved in the hiccup reflex. Swallowing air while chewing gum, smoking, or eating quickly may contribute as well.

Longer-lasting hiccups have a wider range of possible causes. They may result from irritation of the nerves controlling the diaphragm. This can happen with acid reflux, throat irritation, an enlarged thyroid gland, pneumonia, or inflammation near the heart or diaphragm.

Less common causes involve the brain or spinal cord, including stroke, head injury, infection, multiple sclerosis, or a growth. Problems affecting body chemistry, such as severe kidney disease, diabetes complications, or abnormal mineral levels, can also cause persistent hiccups.

Some medicines, general anaesthesia, and surgery may trigger hiccups. Do not stop a prescribed medicine on your own. A clinician can check whether it may be contributing and discuss safer alternatives if needed.

When to seek medical care

Book a routine medical appointment if your hiccups last longer than 48 hours, keep returning, or are becoming more frequent. You should also arrange an assessment if they began after starting a medicine or are accompanied by ongoing heartburn, coughing, unexplained weight loss, or difficulty swallowing.

Seek same-day medical advice if hiccups prevent you from eating, drinking, or sleeping. Repeated vomiting, signs of dehydration, or severe exhaustion also need prompt attention. Signs of dehydration include a very dry mouth, dark urine, urinating much less than usual, or feeling faint.

Call emergency services if hiccups occur with trouble breathing, chest pressure or pain, facial drooping, weakness on one side, difficulty speaking, confusion, or a sudden severe headache. These symptoms matter more than the hiccups themselves and may signal a medical emergency.

How the cause is found

A clinician will ask when the hiccups began, how often they occur, and whether they continue during sleep. Mention any recent illness, surgery, anaesthesia, injury, new medicine, or change in alcohol use. Other symptoms, such as heartburn, swallowing trouble, coughing, weakness, or headache, can help guide the assessment.

The examination may include your throat, chest, abdomen, balance, strength, reflexes, and coordination.

Tests are not usually needed for a short, uncomplicated episode. If hiccups persist, blood tests may be used to check kidney function, blood sugar, infection, or mineral levels. Depending on your symptoms, testing might include a chest X-ray, heart tracing, brain scan, or examination of the food pipe and stomach. Not everyone needs all of these tests.

Treatment and self-care

Most brief episodes stop without treatment. Simple measures may interrupt the hiccup reflex, although evidence for specific home remedies is limited.

You could try:

Stop any breathing technique if you feel dizzy or uncomfortable. Avoid unsafe methods involving choking, swallowing large amounts of water quickly, pressing on the eyes or neck, or breathing into a paper bag.

Persistent hiccups are treated according to the suspected cause. This might include treating acid reflux, correcting an abnormal mineral level, or reviewing a medicine that may be contributing.

Prescription medicines such as baclofen, gabapentin, metoclopramide, or chlorpromazine may

be considered in some cases. They can cause side effects and interact with other medicines, so they require an individual medical assessment. If medicines do not help, a specialist may investigate less common causes or discuss procedures aimed at the nerves involved.

- Taking slow, small sips of cold water
- Briefly holding your breath, then breathing normally
- Eating and drinking slowly
- Avoiding large meals, fizzy drinks, and other personal triggers
- Sitting upright after meals if heartburn is a problem

What to expect

A typical bout settles within several minutes. It may stop suddenly, even when no remedy has been used.

Hiccups lasting more than 48 hours are less likely to be explained by a simple meal or fizzy drink. Recovery then depends on the underlying cause. Symptoms may improve once a contributing medicine, reflux problem, infection, or body-chemistry disturbance is addressed.

Keep track of when the hiccups occur, possible triggers, sleep disruption, and any other symptoms. This information can make a follow-up appointment more useful. Return for review if treatment is not helping or the hiccups are interfering with eating, drinking, sleep, or recovery from another illness.

Common questions

Can stress cause hiccups?

Excitement, laughter, anxiety, or a sudden emotional change can trigger a brief bout. Persistent hiccups should not automatically be blamed on stress, especially if they last longer than 48 hours.

Can hiccups continue during sleep?

They can, particularly when the episode is persistent. Hiccups that repeatedly interrupt sleep are a reason to seek medical advice.

Are hiccups in babies normal?

Brief hiccups are common in babies, especially around feeding, and often settle without treatment. Seek medical advice if a baby has trouble breathing or feeding, repeatedly vomits,

seems unwell, or is not growing as expected.

Should I make myself drink water upside down?

No. There is little evidence that this works, and awkward drinking positions can lead to choking or a fall. Slow sips while sitting upright are safer.

Sources

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