

## Acid reflux and oesophagitis

### What is acid reflux?

When acid from the stomach leaks up into the gullet (oesophagus), the condition is known as acid reflux. This may cause heartburn and other symptoms.

### Understanding the oesophagus and stomach

When we eat, food passes down the oesophagus into the stomach. Cells in the lining of the stomach make acid and other chemicals which help to digest food. Stomach cells also make mucus which protects them from damage from the acid. The cells lining the oesophagus are different and have little protection from acid.

There is a circular band of muscle (a sphincter) at the junction between the oesophagus and stomach. This relaxes to allow food down but then normally tightens up to prevent food and acid leaking up (refluxing) into the oesophagus. In effect, the sphincter acts like a valve.

### What are reflux and oesophagitis?

- **Acid reflux** means that some acid refluxes into the oesophagus.
- **Oesophagitis** means inflammation of the lining of the oesophagus. Most cases of oesophagitis are due to the reflux of stomach acid which irritates the inside lining of the oesophagus causing the inflammation.

The lining of the oesophagus can cope with a certain amount of acid. However, it is more sensitive to acid in some people who develop symptoms with only a small amount of reflux. However, some people have a lot of reflux without developing oesophagitis or symptoms.

### Gastro-oesophageal reflux disease (GORD)

GORD is a general term which describes the range of situations – acid reflux, with or without oesophagitis and symptoms.

### What are the symptoms of acid reflux and oesophagitis?

- **Heartburn** is the main symptom, where a burning feeling rises from the upper abdomen or lower chest up towards the neck.
- Pain in the upper abdomen and chest, feeling sick, an acid taste in the mouth.
- Bloating, belching, indigestion (dyspepsia) and a burning pain when you swallow hot drinks. Like heartburn, these symptoms tend to come and go and tend to be worse after a meal.
- **Uncommon symptoms:** may occur and if they do, can make the diagnosis difficult, as these symptoms can mimic other conditions. For example:
  - A persistent cough, particularly at night, sometimes occurs. This is due to the refluxed acid irritating the windpipe (trachea). Asthma symptoms of cough and wheeze can sometimes be due to acid leaking up (reflux).

- Other mouth and throat symptoms sometimes occur, such as gum problems, bad breath, sore throat, hoarseness and a feeling of a lump in the throat.
- Severe chest pain develops in some cases (and may be mistaken for a heart attack)

## What causes acid reflux and whom does it affect?

The sphincter at the bottom of the oesophagus normally prevents acid leaking up, but problems occur when the sphincter does not work well. This is common but in most cases it is not known why it does not work so well. In some cases the pressure in the stomach rises higher than the sphincter can withstand – for example, during pregnancy, after a large meal, or when bending forward. If you have a hiatus hernia (a condition where part of the stomach protrudes into the chest through the diaphragm), you have an increased chance of developing reflux.

Most people have experienced heartburn, perhaps after a large meal. However, about one adult in three has some heartburn every few days, and nearly one adult in ten has heartburn at least once a day. However, it is quite common for symptoms to be frequent or severe enough to affect quality of life. Regular heartburn is more common in smokers, pregnant women, heavy drinkers, those who are overweight and those ages between 35 and 64 years.

## What tests might be done?

Many people experiencing acid refluxing into the oesophagus are diagnosed with ‘presumed acid reflux’ on symptoms alone and symptoms are relieved by treatment. Tests may be advised if symptoms are severe, or do not improve with treatment, or if they are not typical of GORD.

- Gastroscopy (endoscopy) is the common test which allows an endoscopist to look at the upper digestive tract. Inflammation of the lining of the oesophagus (oesophagitis) causes the lower part of the oesophagus to look red and inflamed. However, if it looks normal it does not rule out acid reflux. Some people are very sensitive to small amounts of acid and can have symptoms with little or no inflammation to see.
- A test to check the acidity inside the oesophagus may be done if the diagnosis is not clear.
- Other tests such as heart tracings, chest X-rays, etc. may be done to rule out other conditions if the symptoms are not typical.

## What can I do to help with symptoms?

The following are commonly advised to help with the symptoms of reflux. However, there has been little research to prove how well these lifestyle changes help to ease reflux:

- **Smoking:** the chemicals from cigarettes relax the circular band of muscles at the bottom of the oesophagus and makes acid leaking up more likely. Symptoms may ease if you stop smoking.
- **Some food and drinks** may make reflux worse in some people. It is thought that some foods may relax the sphincter and allow more acid reflux. If it seems that a food is causing symptoms, then try avoiding it for a while to see if symptoms ease. Also, avoiding large-volume meals may help.
- **Some medicines** may make symptoms worse; by irritating the oesophagus or relaxing the sphincter muscle and making acid reflux more likely. The most common culprits are anti-inflammatory painkillers (such as ibuprofen or aspirin). Others include diazepam,

theophylline, calcium-channel blockers (such as nifedipine) and nitrates. Tell a doctor if you suspect that a medicine is causing the symptoms or making symptoms worse.

- **Weight:** If you are overweight it puts extra pressure on the stomach and encourages acid reflux. Losing some weight may ease the symptoms.
- **Posture:** If lying down or bending forward a lot during the day encourages reflux. Sitting hunched or wearing tight belts may put extra pressure on the stomach, which may make any reflux worse.
- **Bedtime:** If symptoms recur most nights, the following may help:
  - Go to bed with an empty, dry stomach. To do this, don't eat in the last three hours before bedtime and don't drink in the last two hours before bedtime.
  - If you are able, try raising the head of the bed by 10-20 cm (for example, with books or bricks under the bed's legs). This helps gravity to keep acid from refluxing into the oesophagus. If you do this, do not use additional pillows, because this may increase tummy pressure.

## What are the treatments for acid reflux and oesophagitis?

### Antacids

Antacids are alkaline liquids or tablets that reduce the amount of acid. A dose usually gives quick relief. There are many brands which you can buy. You can also obtain some on prescription. You can use antacids 'as required' for mild or infrequent bouts of heartburn.

### Acid suppressing medicines

If you have symptoms frequently the doctor may advise an acid-suppressing medicine. Two groups of acid-suppressing medicines are available –proton pump inhibitors (PPIs) and histamine receptor blockers (H2 blockers). They work in different ways, but both reduce the amount of acid that the stomach makes.

PPIs include omeprazole, lansoprazole, pantoprazole, rabeprazole and esomeprazole.

H2 blockers include cimetidine, famotidine, nizatidine and ranitidine.

In general, a PPI is used first, as these medicines tend to work better than H2 blockers. A common initial plan is to take a full-dose course of PPI for a month or so as this often settles symptoms down and allows any inflammation in the oesophagus to clear. After this, all that you may need is to go back to antacids 'as required' or to take a short course of an acid-suppressing medicine 'as required'.

However, some people need long-term daily acid-suppressing treatment as without medication, their symptoms return quickly. Long-term treatment with an acid-suppressing medicine is thought to be safe and side-effects are uncommon. The aim is to take a full-dose course for a month or so to settle symptoms then reduce the dose to the lowest dose that prevents symptoms. However, the maximum full dose taken each day is needed by some people.

### Prokinetic medicines

Metoclopramide, a prokinetic medicine, speeds up the passage of food through the stomach. It is not commonly used but can help in some cases, particularly if you have marked bloating or belching symptoms. Currently these medications are not recommended for long term usage.

### Surgery

An operation to 'tighten' the lower oesophagus to prevent acid leaking up from the stomach can be done by keyhole surgery, but this may not be suitable for everyone. In general, the success

of surgery is no better than acid-suppressing medication. However, surgery may be an option for some people whose quality of life remains significantly affected by their condition and where treatment with medicines is not working well or not wanted long-term.

## Are there any complications from oesophagitis?

- **Scarring and narrowing (stricture):** It is uncommon but if you have severe and long-standing inflammation it can cause a stricture of the lower oesophagus.
- **Barrett's oesophagus:** in this condition that cells that line the lower oesophagus become changed, these cells are more prone than usual to becoming cancerous. (About one or two people in one hundred with Barrett's oesophagus develop cancer of the oesophagus).
- **Cancer:** your risk of developing cancer of the oesophagus is slightly increased compared to the normal risk if you have long-term acid reflux.

It must be stressed that most people with reflux do not develop any of these complications. Tell your doctor if you have pain or difficulty (food 'sticking') when you swallow, which may be the first symptom of a complication.

## Sources of information

[www.nhs.uk](http://www.nhs.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[Heartburn and acid reflux - NHS \(www.nhs.uk\)](http://www.nhs.uk)

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

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## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

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After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:

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