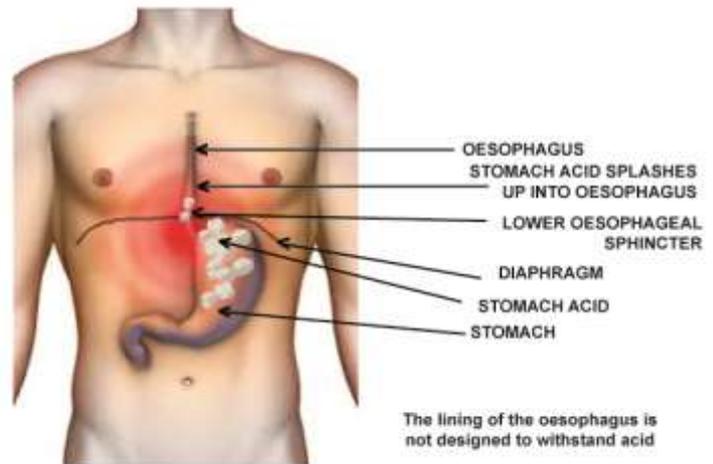


## PERSISTENT HEARTBURN - A GUIDE FOR PATIENTS

### What is heartburn?

Heartburn is a pain or burning sensation felt in the chest near the heart and behind the breastbone. It is caused by stomach acid splashing up into the oesophagus past the valve at our diaphragm that normally stops the acid rising above the stomach. The acid may also give you a sour taste in your mouth, especially at night.

Heartburn symptoms can be relieved by medicine like antacids (eg *Rennies*, *Tums*, *Milk of Magnesia*) or alginates (eg *Gaviscon*).



Heartburn can often be a temporary problem caused by indigestion or a stomach upset, but if it is **persistent** (ongoing for three weeks or more) you should go to your GP to check for underlying causes.

Heartburn can be caused by:

- postural problems, obesity or pregnancy putting pressure on the valve between the stomach and oesophagus
- having a diet high in fatty food (which takes longer to digest)
- the valve becoming too relaxed ( eg from consuming tobacco, alcohol, coffee or chocolate)
- a hiatus hernia allowing part of the stomach to rise above the muscles of the diaphragm
- stress

Chest pain can be for reasons other than heartburn and you should always take it seriously.

- *Consult your GP if you have*
  - *persistent heartburn, particularly at night, for three weeks or more.*
  - *persistent indigestion, for three weeks or more*
  - *persistent hiccups or an unpleasant sour taste in your mouth*
  - *difficulty or pain in swallowing food*
  - *unexplained weight loss.*
- *Do not keep taking over-the-counter indigestion remedies week after week without seeing your GP to investigate underlying causes.*
- *Diet, obesity, stress, tobacco and alcohol may contribute to heartburn; there are good reasons for us to address these issues to avoid the risk of more serious health problems.*
- *If you have been taking prescribed medicine for reducing stomach acid (like Omeprazole or Losec) for a long period, you should consider asking your doctor to check that the diagnosis of your condition and your medication is still correct.*

**Action Against Heartburn – Before it's too late!**  
**Charities promoting earlier awareness of oesophageal cancer**  
[www.actionagainstheartburn.org.uk](http://www.actionagainstheartburn.org.uk)

**OPA helpline 0121 704 9860**

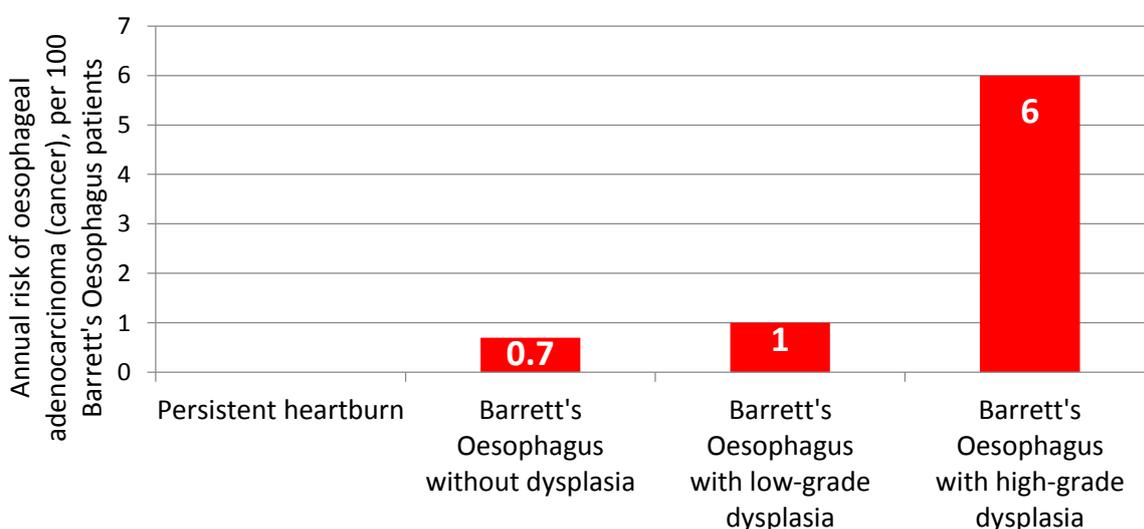
## What causes Barrett's Oesophagus?

Prolonged exposure to stomach acid can lead to the condition *Barrett's Oesophagus*, in which the cells lining the oesophagus become replaced by columnar cells that are similar to those of the stomach or intestine. Since these columnar cells are designed to withstand acid, they protect us against the pain of heartburn, and may lead us to think that our heartburn has improved. But those cells may develop *dysplasia*, a precursor condition that increases the risk of adenocarcinoma, the most common form of oesophageal cancer in the UK.

The chances of Barrett's Oesophagus developing into cancer in the short term are low, but do increase according to how long it has been suffered and its severity. Diagnosing and checking people for dysplasia does mean that doctors can ensure that if problems do develop, they can be treated at an early stage.

High grade dysplasia can now be treated by either destroying or removing the affected cells through an endoscope (a medical instrument passed down your throat), without the need for surgery.

**Annual risk of oesophageal adenocarcinoma at each stage of Barrett's Oesophagus:**



This chart shows that the risk of developing cancer *in any one year* is higher if there is high grade dysplasia. People aged 30 years with newly - developed Barrett's Oesophagus may have a risk of 11-25% of developing adenocarcinoma before they reach the age of 80 but there are many variables to take into account. A specialist investigation and biopsy is therefore important for people in this situation.

***Diagnosing and checking Barrett's Oesophagus can save lives!***



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The registered charities supporting *Action Against Heartburn* are: AUGIS – Association of Upper GI Surgeons; Barrett's Oesophagus Campaign; Barrett's Wessex; Cancer Research UK; CARD – Campaign Against Reflux Disease; CORE charity – Fighting gut and liver disease; FORT – Fighting Oesophageal Reflux Together; Michael Blake Foundation; OCHRE charity (Scotland); National Oesophago-Gastric Cancer Awareness; OPA - Oesophageal Patients Association; HCAS - Heartburn Cancer Awareness and Support

Medical Advisors to *Action Against Heartburn* – Professor Anthony Watson and Professor Mike Pringle