

DIGESTIVE HEALTHCARE OF GEORGIA

Patient Education: Heartburn

What it is, how it is evaluated, treatment options, and what to do next

What is heartburn?

Heartburn is a burning discomfort behind the breastbone. It may move upward toward the throat and often occurs after eating or when lying down. Despite its name, heartburn is not a heart condition. It is commonly caused by stomach contents refluxing into the esophagus—the tube that carries food from the mouth to the stomach. [1, 2]

Occasional reflux is common. When reflux causes frequent or troublesome symptoms, or complications, it may be called **gastroesophageal reflux disease (GERD)**. Heartburn is a symptom; GERD is a possible underlying condition. [1, 2]

Other reflux symptoms can include sour-tasting fluid or food coming back up, chest discomfort, nausea, or trouble swallowing. Similar symptoms can have other causes, so symptoms alone cannot always identify the problem. [2]

How is heartburn evaluated?

A healthcare provider will ask about your symptoms, including when they happen, how often they occur, what seems to trigger them, and whether you have difficulty swallowing or other concerning symptoms. They may also review your medical history and medicines. For typical heartburn without warning signs, a provider may recommend an initial treatment plan without testing. [3, 6]

Tests may be recommended if symptoms do not improve, the diagnosis is uncertain, or there are signs of a complication or another condition. Depending on your situation, testing may include:

- **Upper endoscopy (EGD):** A flexible camera examines the esophagus, stomach, and upper small intestine. Small tissue samples may be taken if needed.
- **Esophageal pH monitoring:** Measures reflux in the esophagus and may help confirm GERD or evaluate symptoms that persist.
- **Other tests:** A clinician may select additional tests based on your symptoms and examination. [3]

Not everyone with heartburn needs an endoscopy or other testing. Your provider will explain why a test is—or is not—recommended.

How is heartburn treated?

Treatment depends on how often symptoms occur, their cause, and your health history. A care plan may include:

Everyday measures

- If symptoms occur at night, try not to lie down for at least **3 hours after eating**.
- If symptoms happen while you sleep, raising the head and upper body with a wedge or bed elevation may help.
- If you are overweight, ask your provider whether weight management could reduce symptoms.
- Notice whether particular foods or drinks trigger *your* symptoms. Common triggers for some people include high-fat foods, caffeine, chocolate, mint, spicy foods, acidic foods, and alcohol. You do not necessarily need to avoid all of these if they do not affect you.
- If you smoke, ask your healthcare team about support for quitting. [4, 5]

Medicines

- **Antacids** may provide quick relief for occasional, mild symptoms. Ask a pharmacist or clinician whether they are appropriate for you, especially if you have other medical conditions or take other medicines.
- **H2 blockers** reduce stomach acid and may help some people.
- **Proton pump inhibitors (PPIs)** reduce acid and can help heal irritation of the esophagus. If a clinician recommends a PPI, follow the directions; these medicines generally work best when taken before a meal. Do not take more or for longer than the package or your clinician directs without seeking advice. [4, 6]

If you need over-the-counter heartburn medicine often, symptoms continue despite treatment, or you are unsure which medicine is safe for you, contact a healthcare professional. Do not stop a prescribed medicine or change its dose without discussing it with the prescriber. [3, 4]

Some people with confirmed GERD that remains troublesome despite appropriate treatment may be evaluated for a procedure or surgery. These options require individualized assessment and are not needed by most people with heartburn. [4, 6]

What are the next steps?

1. **Keep a symptom record.** Note when heartburn occurs, what you ate or drank, whether you were lying down, and what helped.
2. **Review medicines and supplements** with your provider or pharmacist. Some medicines can contribute to reflux or cause similar symptoms. Do not stop prescribed medicines on your own. [2]
3. **Make an appointment** if heartburn is frequent, keeps returning, disrupts sleep or daily activities, or does not improve with appropriate self-care.
4. **Ask your provider** whether your symptoms suggest GERD, whether testing is needed, and how long to try a treatment before checking back.

When to seek urgent care

Call 911 for new, severe, or unexplained chest pain—especially if it feels like pressure or tightness, occurs with activity, or comes with shortness of breath, sweating, nausea, dizziness, or pain in the arm, back, neck, or jaw. Heart-related problems can feel like heartburn. Do not assume chest pain is caused by reflux.

Contact a healthcare professional promptly for difficulty or pain with swallowing, food getting stuck, repeated vomiting, unexplained weight loss, vomiting blood or material that looks like coffee grounds, or black, tarry stools. [2, 6]

Set up an appointment

Call Digestive Healthcare of Georgia to set up an appointment with a provider. Contact the office serving your area:

- Atlanta: **(404) 355-3200**
- Cartersville or Jasper: **(706) 253-7340**
- Fayetteville: **(770) 719-3240**
- Newnan: **(678) 326-4812**
- Ellijay: **(706) 253-5514**
- Woodstock, Marietta, or Canton: **(404) 425-5570**

The practice lists appointments by arrangement. When you call, ask which location is appropriate for you and confirm appointment availability. [7]

Sources

[1] National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). *Definition & Facts for GER & GERD*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults/definition-facts>

[2] NIDDK. *Symptoms & Causes of GER & GERD*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults/symptoms-causes>

[3] NIDDK. *Diagnosis of GER & GERD*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults/diagnosis>

[4] NIDDK. *Treatment for GER & GERD*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults/treatment>

[5] NIDDK. *Eating, Diet, & Nutrition for GER & GERD*.

<https://www.niddk.nih.gov/health-information/digestive-diseases/acid-reflux-ger-gerd-adults/eating-diet-nutrition>

[6] 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.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8754510/>

[7] Digestive Healthcare of Georgia. *Contacts & Locations*.

<https://digestivehealthcare.net/contact-locations/>

This handout provides general education and does not replace medical advice, diagnosis, or treatment. Your healthcare provider can recommend care based on your symptoms and health history.