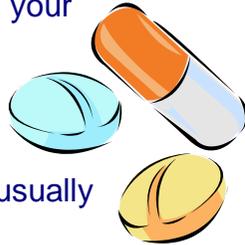


**Your doctor may need to change....**

**.. the dose you take.....**

If you have been on a higher dose of a medicine and your symptoms are well controlled, your doctor may reduce the dose. It is best practice to use the lowest dose that keeps your symptoms under control. If you have had an ulcer, a PPI should be used at a high dose to start with and then the dose is usually reduced after 4-8 weeks.



**... the name of the medicine.....**

NICE recommended that the least expensive, appropriate PPI be prescribed. Your doctor may decide to try one of the other PPIs to reflect this, and ensure that the NHS makes the best use of its resources. This change should not affect the control of your symptoms.

**or your doctor may stop the medicine....**

These medicines are often only needed for short periods of time. Once the symptoms have gone the medicine can be stopped or another type of medicine may be prescribed.

**Who can I ask for advice?**

- ❖ Your local community pharmacist can give you advice on managing side effects and what you can expect as a result of changing the dose or medicine.
- ❖ Your GP
- ❖ Your practice nurse



**What can I do to help?**

- ❖ Try to avoid food and drinks that upset your stomach such as spicy dishes, drinks containing caffeine, citrus fruits and juices, alcohol.
- ❖ Do not eat late in the evening, just before you go to bed.
- ❖ If you are a smoker, try to quit. Smoking can lead to acid reflux.
- ❖ If you are overweight, it puts extra pressure on the stomach and encourages acid reflux. Losing weight can ease symptoms.
- ❖ Avoid sitting hunched up all day or wearing tight belts as this puts pressure on the stomach.

Milton Keynes   
Primary Care Trust

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Pharmaceutical Advisors  
MK PCT

## **Medicines for Dyspepsia (Indigestion & Heartburn)**



***You may be starting a new medicine for dyspepsia or your doctor may have reviewed the medicines you take for dyspepsia. This leaflet tells you about these medicines.***

## What is dyspepsia?

- ❖ Dyspepsia is a general term used to describe discomfort or pain in the upper abdomen or chest, often after meals.
- ❖ Dyspepsia is sometimes called indigestion or heartburn.
- ❖ In most cases dyspepsia is not serious, although sometimes it may be caused by a more serious underlying condition.

## What causes dyspepsia?

Food passes down the oesophagus (gullet) into the stomach. The stomach produces acid which helps to digest food. After being mixed in the stomach, food passes into the intestine.

- ❖ Sometimes too much acid is produced, which can make you feel bloated and uncomfortable.
- ❖ Acid reflux is when some acid leaks up out of the top of the stomach, causing irritation in the oesophagus (gullet).
- ❖ Sometimes the lining of the stomach is damaged and the acid will then irritate the exposed tissue beyond.
- ❖ Some medicines may cause dyspepsia as a side effect.



## Which medicines are available to treat dyspepsia?

- ❖ **Antacids** – reduce the effect of acid in the stomach.
- ❖ **Alginates** – form a protective layer on top of the contents of the stomach and so reduce acid contact with the oesophagus.
- ❖ **Prokinetics** – speed up the movement of the gut, so food is digested more quickly.
- ❖ **Proton Pump Inhibitors (PPIs) and Histamine antagonists** ( $H_2$  antagonists) reduce (suppress) acid production.

## I am just starting treatment. What can I expect?

If you have mild dyspepsia you may be given an alginate, antacid or  $H_2$  antagonist. These are also available to buy from pharmacies. It is likely that your doctor will stop these medicines after a few months.

If your symptoms are more severe, your doctor may start you on a high dose of a Proton Pump Inhibitor (PPI) for 4 – 8 weeks. This allows any damage to heal. After this time, most patients will not require further treatment.

If your symptoms do come back your doctor may give you a lower dose PPI which can be used just when you get symptoms to prevent damage to the stomach lining.

A few people do need to continue with high dose protection for longer periods. Your doctor will explain this if needed.

## Your Doctor may make some changes to your medicine.....

- ❖ All medicines need to be reviewed regularly to check that:
  - You still need to take the medicines
  - The medicine is working
  - You are not experiencing side effects
- ❖ Medicines for dyspepsia are often started at a high dose to get your symptoms under control. Once this has happened the medicine can be stopped or the dose can be reduced and your symptoms will remain under control. This is especially true for PPIs and  $H_2$  antagonists.
- ❖ The National Institute for Clinical Excellence (NICE) has produced guidance for the NHS on the use of these medicines. Your GP is ensuring your treatment is in line with this guidance.