

**BRITISH BROADCASTING CORPORATION
RADIO SCIENCE UNIT
CHECK UP**

Programme 7. - Indigestion

RADIO 4

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PRESENTER:

BARBARA MYERS

MYERS

Are you still waiting for your lunch to go down an hour, even two hours after your meal? Sometimes we can eat what we like, other times it just doesn't seem to settle, we're left feeling full, nauseated, sometimes in real pain with acid burning right up into the throat. Chewing on antacids can help but every day, after every meal? Symptoms that continue for any length of time could point to other problems, such as a stomach ulcer, hiatus hernia or other obstruction. Otherwise it may just be a question of what you're eating, how much and when. Maybe other lifestyle changes would help.

Whatever your concern call us now, the number 08700 100 444 or you may prefer to e-mail, that's checkup@bbc.co.uk. And put your questions to Dr Jamie Dalrymple, he's a general practitioner with a specialist interest in digestive problems.

And our first caller is on the line, Richard Shield in his lorry somewhere on a motorway, hello Richard, I hope you've pulled over safely.

SHIELD

Yeah I'm all in a lay-by alright.

MYERS

Hello and what's your question please?

SHIELD

Yeah well I was just wondering what other causes it could be because I get acid indigestion quite a lot and I do take the tablets and they seem to work for a short period of time but I then I tend to end up taking maybe twice - two or three times in a daily period.

MYERS

And feeling pretty uncomfortable if you get the symptoms?

SHIELD

Yeah, it's not every day but it can be up to two or three times a week.

MYERS

Okay Richard, that's a very good question. I would have guessed that it's almost an occupational hazard for people driving because after all you are out on the road, that's pretty stressful I daresay and - I don't know - do you go to the greasy spoon or the motorway cafes on route?

SHIELD

I do eat quite healthily, I stick to one fry up a week sort of thing or I'll have one bacon sandwich and that a week. But it can happen with any types of food - I could eat a salad or even if I haven't eaten.

MYERS

Okay let me hand you over to the expert, we've got Jamie Dalrymple, what would you say to Richard?

DALRYMPLE

Hello Richard. I'm sorry to hear that you're having these recurring problems with your indigestion but it is a story that I do hear very commonly and I mean you're obviously doing all the right things. We would certainly applaud your efforts at salads and limiting the fry up to once a week. But unfortunately indigestion or dyspepsia is one of those things that does remit and relapse. Can I just ask you Richard, what tablets are you actually taking?

SHIELD

Normally the Gaviscon tablets.

DALRYMPLE

Right, right. I mean those - what they do is they neutralise the acid in your stomach and coat it as well and they're very, very effective. But there are alternatives to Gaviscon and it's often worth trying to talk to your GP about alternatives if you find that your quality of life is really being severely affected.

MYERS

And just to go back to that thought - if you are taking something that does bring relief should you continue to take it or could you be masking the symptoms of something more serious Jamie?

DALRYMPLE

That is possible, it is very unlikely and by and large indigestion type symptoms have a very good outcome, they don't often result in there being a serious underlying illness but that is a possibility that we're always constantly aware of.

MYERS

Richard, stay listening, perhaps you want to get driving again, thanks for stopping and putting that question for us though and there'll be more information as we go, so I hope you've got your radio on in the cab. But can I go to a call from Jill, it's a very simple question actually, and she's not there at the minute but she's left this question, which is, she's asking: Acid reflux, is it the same as indigestion? So a bit of terminology here. We've heard dyspepsia, indigestion, acid reflux - are we talking about the same kind of group of symptoms?

DALRYMPLE

Right, well that's the difficult question I'm afraid. We call dyspepsia anything that relates to the upper part of the abdomen, which is described as discomfort, it can also include heartburn, it can include a feeling of nausea. And sometimes people can actually perceive pain and bloating. But I would emphasise that dyspepsia or indigestion is a symptom, it's not really a diagnosis.

MYERS

So since it's a symptom is that - what you were referring to earlier - it's not something you would therefore cure?

DALRYMPLE

That's very true. Without really knowing what the underlying cause is, finding an effective cure is often very difficult.

MYERS

Let's go to another caller, we've got to David Butt who wants to speak to us. David, you've got acid reflux, that's your problem is it?

BUTT

Yes, good afternoon. Thank you very much for the opportunity.

MYERS

You're welcome.

BUTT

Yes I've had this for the past 18 months and I had had my doctor for about 30 years, who's just retired, and he was actually a friend, so he believed my symptoms right to the end, so to speak. And in trying to solve what it was he gave me two drugs, one was lansoprazole, 30 milligram tablets, then subsequently nexium, 20 milligrams and neither of those really worked, so he suggested I might use up one of my no claim bonus years on my private patient's thing and have an endoscopy and a - what is it - colonoscopy.

MYERS

Okay so they looked inside and what did that reveal?

BUTT

Absolutely nothing. Healthy as a button basically. There was no polyps, there was no problem with the little trap - the hernia, is it hiatus hernia is it?

MYERS

Yes that's right.

BUTT

There was no problem there and I was what's the word - not discarded - I was told that I was healthy and fit and healthy and not quite sure what the problem was. I've changed my doctor and I've only actually seen her once and she changed the tablets and she changed them to omeprazole, 20 milligrams, does that make sense?

MYERS

Okay, yes that's another of these PPIs, Jamie will tell us more about it, and what's been the outcome?

BUTT

It's slightly better but at night I still get - I still actually have to get up in the night with this terrible taste in my mouth and I keep - I'm getting through sort of mouthwash during the night because I'm woken by this sort of ghastly taste and have to get rid of it.

MYERS

So you're taking the tablets, you've still got the problem but you've been checked out and physically there's nothing wrong with you, so you're left with a sort of question mark aren't you really?

BUTT

I'm 63 years old, I'm semi-retired, I have a good lifestyle, I have a mixture of work and pleasure, I mean I have an ideal lifestyle really.

MYERS

Okay, so that's why it's a puzzle isn't it. Okay well let's ask Jamie Dalrymple.

BUTT

Can I just add one other thing?

MYERS

Yeah.

BUTT

I mean I'm a bit of an experimenter and I've tried - I used to drink red wine, a couple of glasses at night, white wine, funnily enough, has less effect than red wine, red wine is more severe. Having no wine at all and just water for a fortnight had no effect whatsoever, it still continued.

MYERS

Okay David, I mean we can deal very directly perhaps with wine, for example, is that an irritant for some people as we might imagine?

DALRYMPLE

It certainly can be. Curiously some people, perhaps as David is suggesting, they find that wine might relieve the symptoms or give them a little bit of symptom relief. David, I'm sorry to hear that you're having these symptoms. You've certainly had certainly very good treatment from both your doctors. I wonder if anyone's talk to you about lifestyle strategies that you might try?

BUTT

Not as yet but I mean I do try and lead as sort of healthier lifestyle as possible. I try to - I don't eat much meat, I eat a lot of fish.

MYERS

What have you got in mind Jamie when you say that?

DALRYMPLE

Well one thing, particularly when you mentioned that you get your symptoms at night, raising the head end of the bed by about four inches often is very effective and ...

MYERS

Why would that be?

DALRYMPLE

Well I think that David's experiencing reflux at night and the acid is travelling up the gullet, by raising the head end of the bed we get gravity to help to keep the acid in the stomach and minimise the - minimise this reflux.

MYERS

That might be worth trying David and just - but to that further question - is that some people might have to live with the fact that they are prone to these symptoms and as long as there's nothing actually physically going on that's problematic then it is about keeping on taking the tablets, perhaps finding the best - the most suitable for you and using them in a sort of an appropriate way?

DALRYMPLE

That's very true. There is one thing I would just add: that sometimes this reflux is because the stomach isn't emptying properly and turning our attentions towards moving the food in a more southerly direction faster may reduce the - may reduce your symptoms.

BUTT

I'm pretty regular in that respect, in fact I'm totally regular. I sort of stand up, clean my teeth and there we go, it's a very straightforward affair.

DALRYMPLE

No I was meaning more actually from the top end, actually leaving the stomach so as that it's not there when you go to bed and that your stomach's relatively empty.

BUTT

I've tried eating at lunchtime, I mean I've actually tried to have my main meal at lunchtime and a snack in the evening and it doesn't make any difference.

DALRYMPLE

Doesn't it, yes. There are some people who will benefit from surgery when the symptoms are unresponsive to pretty good treatment. There are some other tablets that it might be worthwhile discussing with your GP, called prokinetics.

BUTT

Prokinetics.

DALRYMPLE

And they've been shown to be helpful when PPIs are not. And one last point I would make David is that you're not actually producing too much acid, it's just in the wrong place.

BUTT

Right. I've got no other symptoms - I don't get stomach ache, I don't get any of those sort of other digestive things, it's just this damn reflux at night.

MYERS

David, it sounds as though you're the sort of person who will stay on the case until you get some further answers and certainly at Dr Dalrymple's suggestion perhaps another visit to your own doctor and see what result's from that. But thanks very much for sharing all that with us. Let's go to another caller. And we're going to Leigh Davies, who's in Wycombe and Leigh what's your problem?

DAVIES

Well it's almost identical to the previous caller. The only thing that's happening with me now is that I had an attack two days before Christmas and the attacks certainly are getting a lot, lot more severe each time and going on for an awful lot longer, I feel that my tummy is still really uncomfortable, if I walk it's uncomfortable, if I try and sit down it's uncomfortable, I feel like I've got a stick there and it's just sort of totally, totally solid, it's just really uncomfortable and still not gone away properly.

MYERS

Well there'll be a lot of people who certainly will have had some effects over Christmas but that does sound rather serious because we're in the week after Christmas now. So Jamie, what are you going to say on this one?

DALRYMPLE

Well I'm sorry to hear that you're having these continuing symptoms Leigh. Could I just ask one important question - are you over 55 years of age?

DAVIES

No.

DALRYMPLE

You're not right. Certainly people whose indigestion is worsening and not responding to conventional treatment, I think we would be tending towards suggesting you have an endoscopy and actually had a look inside.

DAVIES

I've had that.

DALRYMPLE

You have? And what did that show, can you tell me?

DAVIES

It was some time ago now, I mean it was a few years ago and then they just said my lining just showed some slight abrasion but certainly now, like I say, it's totally, totally uncomfortable and it wasn't sort of food or anything like that because it was before Christmas, do you know what I mean?

DALRYMPLE

Yes of course, no, yes I take your point. I would certainly want to re-evaluate your symptoms in view of this change and I would certainly advise you to go and discuss this with your GP.

MYERS

I think there's a bit of a heads up there Leigh. So thanks for that, I think back to the GP. Jamie, you did ask about age, is there something important about age and stage in terms of if symptoms are getting worse in particular?

DALRYMPLE

Yes certainly. Over the age of 55 the recent NICE guidelines suggest that these people ought to be endoscoped, just to make sure that there isn't anything more serious going on than just simple indigestion.

MYERS

Well Joyce joins us now from West Sussex and is about to have an endoscopy. Joyce, what are the circumstances ...?

JOYCE

I'm actually not about to have one, I'm absolutely terrified that I might have to have one and that's really what the question was. I've had reflux for about the last - oh I don't know - probably 30 years, 25-30 years. My mother had it and my daughter gets it and my mum died of cancer of the oeso...

MYERS

Oesophagus - oesophagus yeah.

JOYCE

And I just, I don't know, I just thought maybe because I get through so many Rennies and I've had Zoton from the doctor and I don't know, if you do have to have one can you be put to sleep for it?

MYERS

So you're I guess worried about the procedure and possibly even worried about what might be found?

JOYCE

Well yes, possibly but then I suppose if something was found it would be better found now rather than me leaving it.

MYERS

Absolutely right.

JOYCE

Until my mum was sort of 75 I suppose, 76.

MYERS

Okay well I know Jamie you do endoscopy as part of your specialist interest in digestive diseases, is it really a horrible procedure?

DALRYMPLE

No it's not, no it's not. On the other hand people are very concerned about it Joyce and what you're saying to me is something that I hear very often, people are terrified, it's the thought of the procedure and of course it's what might be found. But the procedure itself is very, very easy, we've got very sophisticated endoscopes, which are really very thin now. You certainly can be put to sleep if that's what you would prefer, although it's more, what we call, a conscious sedation, when you are sedated. It's a bit like, I suppose, having a couple of gins ...

JOYCE

That sounds good.

DALRYMPLE

... yes, well people do recommend the sedation to their friends once they've had it. But it really is not a dreadful procedure but the thought of it is far worse than the actual procedure itself.

MYERS

But is Joyce right to - well are we right to be encouraging her under the circumstances?

DALRYMPLE

I certainly would encourage you Joyce to have the procedure.

JOYCE

You would. I mean the doctor hasn't suggested it yet, you know they've just sort of - I mean I haven't pushed it. It's just because it's been going on for so long and it has got - I mean it is just getting progressively worse I suppose. But the Zoton tablets do help it, there's no doubt about that. But as soon as I stop them, within a week, it's all back again. It's just not a pleasant thing you know.

DALRYMPLE

No it's not. The symptoms of reflux are terrible and sometimes will make some people think that there's something else going on.

MYERS

I mean is there a connection, is there a known risk if you're having a lot of reflux can it affect your oesophagus and could it cause further problems?

DALRYMPLE

It could, that is true, it's possible, again the vast majority of people with reflux symptoms have nothing wrong with their oesophagus in fact, and this is what we call endoscopy negative reflux disease. Some people will have signs of irritation of the oesophagus and a tiny percentage of people will actually have a cancer but it's a very, very small number of people that we're talking about. Heartburn is a terribly common problem.

JOYCE

Yes I know.

MYERS

Joyce, do you think we've given you enough encouragement?

JOYCE

Yes you have actually, yes, that is right because I know that if there were anything sort of brewing it's better to sort it now really than leave it.

DALRYMPLE

Absolutely.

JOYCE

Thank you very much for that.

MYERS

Thanks for your call. We'll go to an e-mail now and Alan has e-mailed to say that occasionally he gets indigestion involving trapped wind, which feels like a big bubble somewhere around his solar plexus. And he says that at the same time he gets heart palpitations with missed beats. Any comments, any advice?

DALRYMPLE

A very common set of symptoms. We know that irritation of the gullet and the stomach will cause changes in the heart rhythm, it's completely benign but people do feel an odd fluttering in the chest and this is a very common set of symptoms. What I would suggest to Alan is that he would be wise to try and do something about the underlying cause, perhaps talk to his GP about some treatment or perhaps buy some over-the-counter treatment, and see if he can self medicate and resolve his symptoms. And of course I refer back to lifestyle advice, again that's terribly important, we recommend that with everybody who has - who has indigestion symptoms.

MYERS

Now of course it works the other way around as well doesn't it Jamie, that some people have what they think is indigestion, which is in fact an early warning sign of a heart attack, that's the sort of - the other side of the coin isn't it, in which case they should not be ignoring any what they call indigestion - how can you tell the difference?

DALRYMPLE

It's very difficult. I suppose one thing that I would comment is that people who are developing heart problems are usually in the older age group. Their symptoms are usually more than just indigestion, they may get pain going down their left arm, they might feel a bit breathless, a bit sweaty. These aren't - these aren't hard and fast rules and again I suppose the advice would be go and talk to your GP if you're developing new sets of symptoms, particularly in the older age group.

MYERS

And if was very severe you'd be calling 999.

DALRYMPLE

You certainly would, yes.

MYERS

Okay, thanks very much. To Angela Mackay now in Tonbridge, who has problems with ulcers Angela?

MACKAY

Actually yes. I'm from Sevenoaks not Tonbridge...

MYERS

I'm sorry.

MACKAY

No that's okay.

MYERS

Same county isn't it - Kent?

MACKAY

Kent yes, Sevenoaks in Kent, yes. Mine really is a tale of warning I think to people. I had severe toothache over the Christmas period and apart from the antibiotics that the dentist gave me I was also taking pain relief, which included aspirin. What I didn't appreciate and I had no idea about was that I had stomach ulcers and the aspirin triggered off a tremendous bleed and I landed up in hospital having extra blood put back into me. So really it's just a cautionary tale if you like.

MYERS

It certainly is, thank you for that.

MACKAY

But how did I not know that I had ulcers? I mean that's the question I'd like to ask.

MYERS

So you weren't getting symptoms?

MACKAY

No, none at all, no.

DALRYMPLE

Well I'm very glad you brought the subject up Angela and I'm sorry to hear that you discovered you had ulcers in such a dramatic way.

MACKAY

Yes absolutely.

DALRYMPLE

This is the problem with ulcers is that they can be asymptomatic, no symptoms of indigestion at all, in some people. The advice would be when taking anything like aspirin is just be terribly careful and any signs of any indigestion stop taking them straightaway.

MACKAY

Well that was the thing - I didn't have that either.

DALRYMPLE

Didn't you?

MACKAY

No, nothing at all. And I'm wondering if maybe aspirin we take as a kind of a daily thing that we buy from the chemist and consider it to be an all round purpose drug that can be safely taken and I'm wondering if perhaps one - one should maybe look towards having a few more larger warnings on the aspirins or that it should be prescribed as opposed to being brought across the counter?

DALRYMPLE

Yes absolutely, that's a very good point. I do see a lot of people who have aspirin or the broader drug group - the non-steroidal anti-inflammatories - who end up having bleeds. And it is a significant problem and unfortunately an increasing problem because more and more people are being prescribed aspirin. The other side of the coin is of course that aspirin is a terribly good drug ...

MACKAY

Yes it's very useful.

DALRYMPLE

Very useful. But I agree with you, perhaps this unrestricted use or more information

needs to be available would be a very good idea.

MYERS

That's a very good warning, thanks for that. But now Jamie, what about people who are taking these anti-inflammatories, very often for arthritis, and if they contain aspirin what are you going to do about that if it also may be causing digestive problems and may perhaps link in ultimately with bleeds in the stomach? If you need the drug for one thing it's a difficulty isn't it, how do you mitigate that?

DALRYMPLE

Well it's very difficult. If there is a continuing need for aspirin or anti-inflammatories then an endoscopy would be undertaken, just to check the state of the stomach. Obviously if somebody has ulcers and there's no way that we can protect their stomach against ulcers then they would have to stop taking their anti-inflammatories. On the other hand there are ways and means of giving an extra drug like a PPI or something called misoprostol which can protect the stomach against the effects of anti-inflammatories.

MYERS

By suppressing the acid in the stomach and making it less vulnerable then to the aspirin.

DALRYMPLE

Absolutely yes, yes. And the other thing that I should mention is the helicobacter. It's a bug in the stomach and sometimes if we get rid of that we can - that will help protect people's stomach.

MYERS

Okay, thank you. Let's go to another caller - Robert is waiting to speak to us, he's in Somerset, wondering about some of these acid suppressing drugs and possible side effects, is this because you've used them and perhaps found side effects?

ROBERT

Yes, I've been taking esomeprazole for probably two years now and I've read a couple of reports recently saying there can be long term problems. There was a report on Ceefax saying the University of Pennsylvania had published a study recently saying that there was a significant increase of hip fractures in patients taking PPIs for more than one year. And the US National Library of Medicine in its drug information sheet on esomeprazole stated that laboratory animals given esomeprazole developed stomach ulcers, sorry stomach tumours. So I'm asking are there any alternative drugs that will suppress the acid without the possible long term side effects?

MYERS

Jamie.

DALRYMPLE

Yes there are alternatives to PPIs, certainly using antacids and alginates regularly or when required will help. There's another group called H2 receptor antagonists, such as ranitidine, which are alternative to PPIs. The side effect profile of PPIs is usually pretty good but we're learning more and more about it every year that passes. And your point, to bring up the osteoporosis is something we're actually looking into in Norwich.

MYERS

Thank you very much indeed. There we will have to end it. My thanks to my guest today Dr Jamie Dalrymple for all his sound advice and to all of you for your questions. You can listen to our programme again on the website, you can get more information by calling our free and confidential helpline - 0800 044 044. Join me again at the same time next week, our subject will be ears.