

Patient information from BMJ

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Acid reflux, heartburn, and gastro-oesophageal reflux disease (GORD)

If you get acid reflux and heartburn regularly, you may be diagnosed with a condition called gastro-oesophageal reflux disease (GORD).

GORD is unpleasant, but common. Treatments are available to help control it.

What is acid reflux, heartburn, and GORD?

Acid reflux is when acid from your stomach rises up your oesophagus (food pipe) and throat. This can cause a burning feeling in your chest (**heartburn**).

Acid reflux happens when the ring of muscle at the end of your oesophagus relaxes more than normal. This muscle usually closes off the top of your stomach and keeps the acid in place. If this muscle doesn't work properly, you may get acid reflux and heartburn.

If you get these symptoms regularly, your doctor may diagnose you with a condition called gastro-oesophageal reflux disease (GORD, for short).

Some people are more likely to have GORD than others. This includes people who:

- have a family history of heartburn or GORD
- are older
- have a hiatus hernia (this is where a part of your stomach slides into the chest)
- are overweight or obese.

What are the symptoms of GORD?

People with GORD experience the following symptoms regularly:

- a burning sensation in the chest that moves up towards the throat
- acid in the back of the throat or mouth, which tastes bitter or sour

These symptoms usually happen after eating a meal. They may be worse when lying down or bending over. They may also happen when you're asleep and lying in bed at night.

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Other, less common symptoms include:

- indigestion
- bad breath
- hoarseness, and
- a dry cough.

These symptoms can sometimes be a sign of a more serious illness. You should tell your doctor if you also have any of the following:

- weight loss
- blood in your vomit
- black or bloody stools
- difficulty swallowing
- pain when swallowing
- symptoms of anaemia (low blood iron), such as shortness of breath, fatigue, and dizziness.

Your doctor may suggest an endoscopy to rule out serious conditions like a bleeding ulcer or a narrowing in your oesophagus.

It's sometimes possible to confuse GORD with chest pain. This is because these symptoms can feel very similar in some people.

If you are concerned about a tight or squeezing pressure in your chest, or pain that travels to your left jaw, arm, or neck, then get **immediate** help. Call for an ambulance, as these could be symptoms of a heart attack.

What are the treatment options for acid reflux, heartburn, and GORD?

Lifestyle changes

There are some lifestyle changes that could help with your symptoms. These include:

- eating 4 to 5 small meals a day (rather than 2 to 3 big meals)
- raising the head of your bed
- avoiding eating less than 3 hours before bedtime
- avoiding sleeping on your right side
- trying to lose weight if you're overweight or obese
- stopping smoking.

Some people may find it helps to cut out things like chocolate, caffeine, alcohol, and acidic or spicy foods from their diet. But this will probably only help if these specific foods and drinks trigger your symptoms.

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Medicines

If acid reflux and heartburn only bothers you sometimes, then you might find some over-the-counter medicines help.

For example, you could try antacids which work to 'neutralise' or 'calm' the acid in the stomach. Usually, these come as tablets that you chew. They can also come as a liquid.

Antacids can sometimes cause side effects in some people, like diarrhoea or constipation, and excess wind. But these aren't common if you're only taking them sometimes.

You can speak to a pharmacist for more advice about over-the-counter options.

If you have been diagnosed with **GORD** (i.e., you get acid reflux and heartburn regularly), then your doctor will recommend taking a medicine called a **proton pump inhibitor** (PPI).

It might be possible to buy PPIs over the over-the-counter, but these are usually available at lower doses. Your doctor will be able to prescribe a higher dose PPI to treat GORD.

PPIs work by reducing the amount of acid in your stomach. They are most effective when taken about 30 to 60 minutes before eating a meal.

Your doctor will usually prescribe PPI tablets for about 8 weeks first. If these tablets don't help, your doctor may suggest increasing the dose.

You might have to continue taking PPIs long-term to manage your symptoms.

Common side effects of PPIs can include:

- feeling nauseous
- having diarrhoea or constipation
- getting headaches.

Serious side effects are rare. But if you are taking PPIs over the long term, your doctor will want to check in with you from time to time to time. This is to make sure you aren't getting any lasting side effects from the drugs.

If PPIs don't help enough, or you're still getting symptoms of GORD during night-time sleep, your doctor might prescribe an H2 blocker. H2 blockers also reduce the amount of acid in your stomach, but they don't work as well as PPIs.

If you're pregnant and dealing with symptoms of GORD, speak to your doctor or pharmacist for more advice. This is because some medicines aren't safe to take if you're pregnant or breastfeeding.

Surgery or endoscopy

You may be offered surgery or endoscopy to help with your symptoms. Usually, this is with a type of procedure called **fundoplication**. It involves strengthening the ring of muscle in the oesophagus that closes off the top of the stomach. This stops the stomach acid from reaching the oesophagus and causing your symptoms.

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You could be offered this procedure if you respond well to PPIs (i.e., your symptoms get better with treatment) but you:

- don't wish to carry on taking PPIs long-term, or
- have a hard time remembering to take your PPI tablets.

Like all types of medical procedures, there are risks involved in having a fundoplication. Your doctor or surgeon will give you more information about this procedure and the risks.

What happens next?

GORD is a common problem but it's important to get treatment if you get heartburn and acid reflux regularly. Not treating it can mean you're more likely to get serious problems in the future. The inside of your oesophagus may become sore and inflamed. It could become narrow, which can make swallowing difficult. You could also get ulcers and patches of bleeding. But, these problems are uncommon.

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