

Indigestion

One of the problems with 'indigestion' is that it is a term used to describe many different conditions by different people. Most commonly, the patient who complains of indigestion will mention symptoms relating to meals, such as discomfort, distension, belching or heartburn. Occasionally, more serious conditions present in a similar way. Anyone who buys repeated quantities of indigestion remedies should be referred to a doctor, as should any middle aged patient who has sudden onset of symptoms or sudden weight loss and patients complaining of difficulty with swallowing.

There are a number of causes for problems described as indigestion. It may be due to incomplete digestion of the food or delayed emptying of the food from the stomach. Certain foods or medicines, such as aspirin, ibuprofen or other arthritis drugs, may irritate the stomach lining and gas may be trapped which causes a bloated feeling with belching. The most common symptoms are pain, nausea, and vomiting, bloating and flatulence. Anyone presenting with indigestion should be asked if their symptoms are worse before or after a meal, if the condition is worse at night and if it varies with sitting up or lying down. Severe pain, or that which is persistent and not improved by OTC antacids, should be referred to the doctor.

The more common OTC indigestion products are antacids, usually a mixture of magnesium and aluminium salts, calcium carbonate or sodium bicarbonate. Magnesium salts tend to cause diarrhoea and aluminium salts constipation, so they are often combined to cancel out these effects. A product with high sodium content will be unsuitable for patients with high blood pressure or heart conditions. Bismuth compounds are found in some OTC products. These are thought to act by coating the wall of the stomach, providing protection from further damage.

Dimethicone and/or peppermint oil-containing products act as deflatulents. They have an anti-foaming action and release trapped gas to assist belching. Alginate products act by forming a 'raft', which floats on top of the stomach contents and forms a physical barrier between the acidic contents of the stomach and the lining of the oesophagus. They are thought to be particularly appropriate with the symptoms are caused by reflux when the contents of the stomach are pushed up into the oesophagus.

The choice between tablet or liquid will often be the patient's personal preference although there is some evidence that liquids work quicker but tablets, which are sucked or chewed, have a longer lasting effect. Tablets are also more convenient to carry around, but some have high sugar content. Most products available are mint flavoured although some come in other flavours.

Alverine citrate, previously available only on prescription, can be recommended for the relief of GI spasm, such as irritable bowel syndrome. Products containing hyoscine butylbromide 10mg can now also be sold over the counter (packs of up to 24 tablets) for treating GI spasm. Hyoscine's anticholinergic action alleviates the colicky pain of smooth muscle spasm but does not mask the symptoms of more serious GI complaints. However, the severity of the symptoms should be determined and patients referred to the doctor if necessary. Hyoscine may occasionally cause a dry mouth, blurred vision or palpitations. It is non-sedative and can be taken safely by drivers and those who operate machinery.

Still relatively new to OTC are H₂ antagonist. These reduce gastric acid secretion by inhibiting the action of histamine in two ways – by competing for histamine receptors on parietal cells in the stomach and blocking the nervous and hormonal pathways to acid secretion in which histamine is involved. Famotidine, ranitidine and cimetidine are available in OTC packs for the short-term relief of symptoms of heartburn, dyspepsia and hyperacidity. The maximum treatment period is two weeks. Cimetidine is also licensed for the prophylactic management of nocturnal heartburn or, in a certain combined formulation with sodium alginate, for heartburn associated with acid reflux. For specific precautions related to the sale of H₂ antagonists, consult the product monographs. However, as OTC use of the H₂-antagonists grows, the indications for use allowed by the product licence are increasing to reflect more general 'indigestion' type usage.

Patients, who are overweight, drink heavily or who smoke too much may suffer more than most with indigestion. Greasy foods, coffee, chocolate and alcohol should be avoided in people prone to indigestion