

Got Heartburn?

Quick fixes...and ways to stop the pain before it starts

By Karen J. Bannan

I was settled in front of the TV after a wonderful meal—chicken marsala, garlic bread, and wine—when it hit me: a sharp burning pain in my chest. An hour later, convinced that I was having a heart attack (even though I was only in my 20s), I headed for the emergency room. I was in for a surprise: After examining me and quizzing me about what I had eaten for dinner, the ER doctor told me that I had heartburn and sent me home clutching antacids and a booklet on the condition.

I couldn't believe it. A single rich dinner, and I had joined the ranks of the more than 60 million Americans who experience heartburn. Some, like me, have flare-ups only once in a while. Others suffer daily. The condition is so common—and so uncomfortable—that we spend more than \$10 billion a year on medications, trying to find relief. (Just last

fall, the potent heartburn drug Prilosec became available over-the-counter at prescription strength.)

Just what is heartburn?

The condition feels like it sounds—a burning discomfort that usually starts in the stomach and then rises up behind the sternum and into the chest. Some sufferers say it's like their insides are on fire. Others have more subtle symptoms—an acidic aftertaste or the feeling that food isn't staying down. Sharp pains in the upper stomach (right below your ribs) or in the chest may come and go.

The problem is primarily mechanical. After you swallow, food travels down the esophagus and enters the stomach by way of a small valve, which then closes. Normally, if everything is going right, the valve stays shut. But sometimes the valve relaxes and opens slightly, letting food and digestive acids



back up into the esophagus—a phenomenon known as acid reflux.

What causes it?

Occasional sufferers can usually blame food, says Beth Schorr-Lesnick, M.D., a gastroenterologist affiliated with the Montefiore Medical Center in New York City. Fried or fatty dishes, caffeine, chocolate, raw onions, garlic, carbonated beverages, and citrus juices can bring on an attack; so can a very large meal or lying down too soon after eating.

Oddly, triggers can vary from day to day, so figuring out what causes a bout of heartburn isn't always so easy. A slice of pepperoni pizza might send you running to the medicine cabinet one day but leave you perfectly comfortable the next.

Food isn't the only culprit, however. Wearing tight clothing, >

How to know if it's a heart attack

The symptoms can be similar to heartburn—pain in the chest that radiates to the jaw, shoulder, and arms. Call your doctor or go to the emergency room if this is the first time you've had chest pain or, if, along with the pain, you also have any of these symptoms:

- Shortness of breath
- Fatigue or weakness
- Nausea
- Light-headedness
- Anxiety

If it turns out that you only have a bad case of heartburn, no one will laugh at you. "Chest pain is assumed to be a heart problem until proven otherwise," says Waqar Qureshi, M.D., an associate professor of medicine at Baylor College of Medicine in Houston. Even if you don't have the symptoms listed above, check in with your doctor if the pain doesn't go away after you've taken an over-the-counter drug.

■ well-being ■

drinking too much alcohol, or smoking can bring on an attack. So can some medications—including certain drugs for heart conditions or asthma. Pregnant women and people who are obese are also more susceptible.

if one of these doesn't relieve your symptoms—or if you need medicine more than twice a week—see a physician. “Untreated, heartburn can lead to other, more serious conditions,” says Jack Di Palma, M.D.,

If you find that you need heartburn pills more than twice a week, see a doctor. You may have another, more serious condition.

As for stress, most experts say that there's no direct link, but it can intensify the pain. “Stress doesn't increase the amount of acid reflux, but it changes your sensitivity to it,” explains Ken DeVault, M.D., of the Mayo Clinic in Jacksonville, Florida.

When do you need a doctor?

Most people never get a diagnosis; they simply treat their heartburn with an over-the-counter drug. But

director of the division of gastroenterology at the University of South Alabama, in Mobile.

It's also possible that what you're experiencing isn't just ordinary heartburn. It could be a condition known as GERD—gastroesophageal reflux disease. GERD may be accompanied by hoarseness, nausea, a chronic cough, and other symptoms. Without care, this condition can cause scarring or ulcers of the esophagus. ■

The remedy that's right for you

The numerous medications that are available—both prescription and over-the-counter—work in different ways. The best choice for you depends on the severity of your symptoms and how often they occur.

ANTACIDS These over-the-counter drugs quickly neutralize stomach acid. Take them at the first twinge of pain. “Antacids are fine for occasional heartburn, but if you find you're taking them a lot, you need a different drug,” says Gary Falk, M.D., director of the Center for Swallowing and Esophageal Disorders at the Cleveland Clinic.

Brand names Rolaids, Tums (a new version, called Lasting Effects, also keeps acid from entering the esophagus)

H2 BLOCKERS They cut off chemicals that stimulate acid production, so H2 blockers can be taken before you have a problem or to relieve discomfort following an overindulgent meal. The drugs may wear off within 12 hours, and they don't work for everyone.

Brand names Pepcid AC, Tagamet HB 200, Zantac 75

PROTON PUMP INHIBITORS For those with frequent heartburn. Taken daily, PPIs turn off part of the cells that pump acid into the stomach.

Brand names Prilosec (prescription and over-the-counter), Aciphex, Nexium, Prevacid, and Protonix

SURGERY For heartburn patients who don't want to have to stay on medication forever, there are several new medical procedures; all involve tightening the valve that connects the esophagus to the stomach. Early results are encouraging, but more research on the long-term effectiveness is needed.