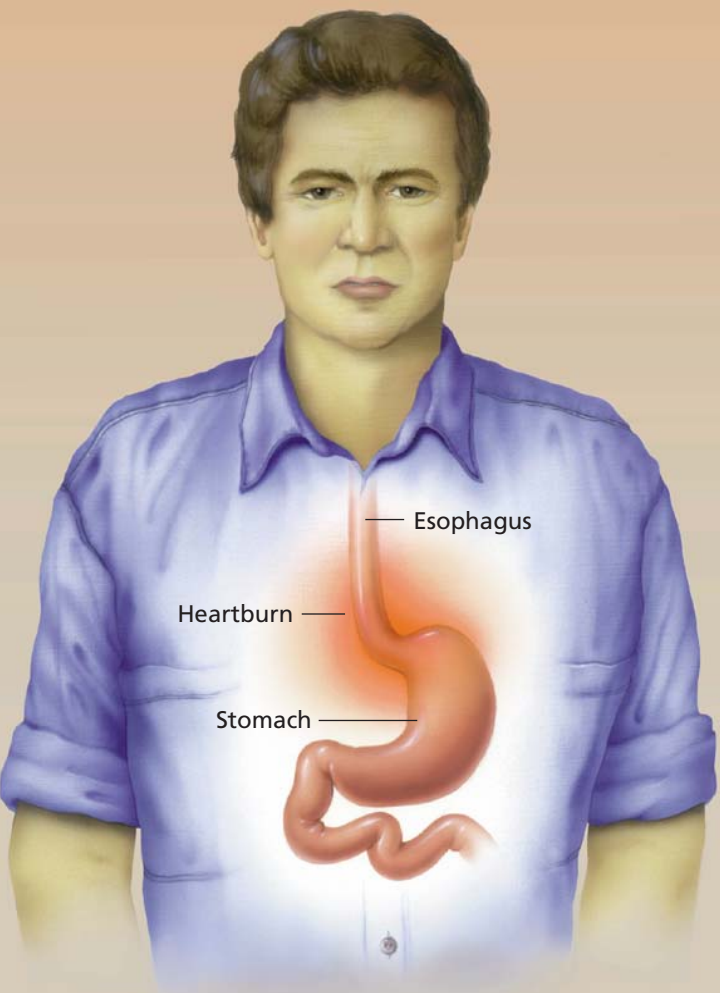


Things you should know about **Heartburn**



P **LOSEC**[®]

(omeprazole magnesium)

TRUSTED ACID CONTROL

What is HEARTBURN and what does it feel like?

HEARTBURN

- is a burning feeling in the centre of your chest or the upper part of your stomach rising towards your throat
- can last for several hours
- is often worse after you eat, when you bend over, or when you lie down
- is sometimes called “acid indigestion”
- can give you an acid or sour taste in the back of your throat or mouth
- can be made worse by certain foods (e.g., acidic drinks, alcohol, chocolate, coffee, peppermint, fried or fatty foods), obesity, smoking, and anxiety
- is a very common condition – most people experience mild heartburn from time to time
- is a chronic condition that often recurs
- is **NOT** related to your heart

What causes heartburn?

Heartburn is caused by the flowing back (i.e., reflux) of stomach contents into your esophagus (food tube from the mouth to stomach). This is known as gastro-esophageal reflux. The most common reason for reflux is a problem with the lower esophageal sphincter (LES).

The LES is a ring of muscle found where your esophagus joins your stomach. The LES acts as a “valve” allowing food to enter your stomach when you swallow and preventing stomach contents from going back into your esophagus.

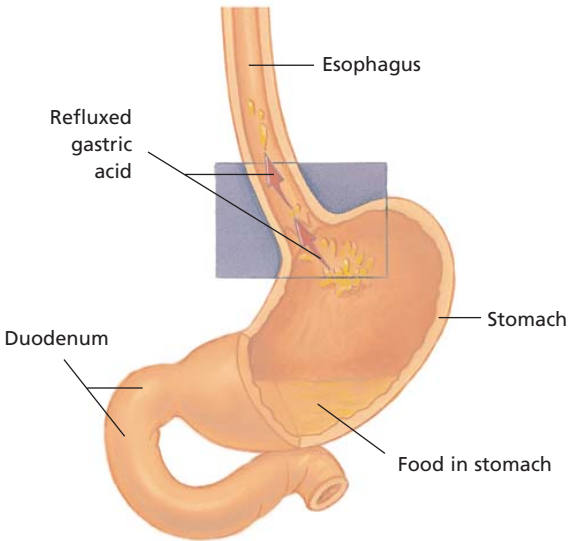
Reflux of stomach acid into your esophagus may be due to

- too much relaxation in, or weakness of, the lower esophageal sphincter (LES) muscle
- a large hiatus hernia (bulge in your esophagus) caused by weakness of the diaphragm around the LES; this also weakens the “valve” action of the LES

- medications (e.g., some heart and blood pressure medicines) that can weaken the LES

Reflux can cause

- heartburn or other symptoms – this is called “gastro-esophageal reflux disease” (GERD)
- swelling or injury at the lower end of your esophagus – known as “reflux esophagitis”



Healthy esophagus



Inflamed esophagus

Is heartburn serious?

Mild or infrequent heartburn is not serious – nearly everyone experiences heartburn at some time. You should consult your doctor if you experience frequent heartburn (more than twice a week) or troublesome heartburn, or if you have other symptoms such as food sticking or catching when you swallow, pain when you swallow, vomiting, or weight loss.

Do not ignore your heartburn. Frequent or severe heartburn can mean that your esophagus is inflamed or injured and esophageal erosions or ulcers may develop. In time, the reflux may cause the lining of the esophagus to change in some people – this is known as “Barrett’s Esophagus” or esophageal strictures (constrictions in the esophagus). Although this can lessen your symptoms, the new lining may be a sign that a cancer could eventually develop.

Are there tests that I might need?

If your symptoms are not relieved by treatment, then your doctor may arrange for one or more of the following tests.

ENDOSCOPY

An endoscopy is intended to look for esophageal injury. It is the best way to find esophageal erosions, an esophageal ulcer, or Barrett’s Esophagus. In this test, you will swallow a thin, flexible tube that has a light and a tiny lens or video-camera at its tip. The doctor can move the tube around to see the inside of your esophagus and check for damage to the lining. Your doctor can also take tiny samples (known as “biopsies”) from the lining of your esophagus to look at under the microscope. Endoscopy is a very safe procedure that takes about 10 to 20 minutes.

pH RECORDING

A pH recording test is intended to confirm that your symptoms are due to acid reflux, but it does not detect esophageal injury. A very thin tube is placed through your nose so that it can monitor acidity at the lower end of your esophagus. You will usually keep the tube in for 24 hours and go home with it so that a record of the acidity levels can be stored in a small electronic recorder while you go about your normal daily life. After the test, your doctor will study the recording.

BARIUM MEAL OR UPPER GASTROINTESTINAL X-RAYS

Barium X-ray studies are best for detecting more serious injuries caused by GERD (such as strictures), and they may be used if you report difficulty swallowing. For this test, you drink a flavoured mixture containing barium and a powder that inflates the stomach, duodenum, and part of the esophagus, highlighting their shapes. Usually, several X-rays are taken to see if there is any injury.

What can I do to help my heartburn?

In many cases, infrequent or mild heartburn can be controlled by lifestyle changes and proper use of over-the-counter medications.

LIFESTYLE CHANGES

There are several lifestyle changes that may help your symptoms. Your doctor can check off the box or boxes below that are appropriate for you. If these lifestyle changes do not help, make sure you tell your doctor, as other changes may be necessary.

DO

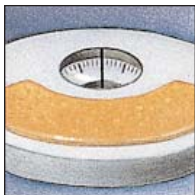


Sleep with the head of your bed higher than normal (about 6 inches or 15 cm). Tilt the whole bed. Do not just raise your head with pillows.

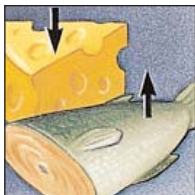


Stop smoking.

DO (continued)



Lose weight if necessary.



Eat a healthy diet.

DO NOT



Do not eat large meals, especially just before you go to bed.



Do not eat foods that make your symptoms worse (e.g., citrus juices, tomatoes, hot/spicy food, chocolate, coffee, alcohol, peppermint).



Do not wear tight clothing.



Do not lie down until at least 2 to 3 hours have passed since your last meal.

OVER-THE-COUNTER MEDICATIONS

Antacids neutralize (absorb) acid in your esophagus and stop your heartburn. Many people do well with antacids, but others have to take antacids frequently because they help for only a short period of time.

If this is happening to you, you should consult your doctor so that you can take a more effective medication instead. If you take antacids frequently, you may absorb large amounts of magnesium, which can cause diarrhea, or absorb large amounts of calcium, which can cause constipation or kidney problems.

Other medications, known as “histamine H₂-receptor antagonists” (H₂RAs), can be used for heartburn.

H₂RAs work differently from antacids: they reduce the amount of acid that your stomach produces. Like antacids, they are helpful for mild heartburn.

What about prescription medications?

If your heartburn is still troublesome or if you have not been helped by lifestyle changes or over-the-counter medications, your doctor may give you a prescription medication. Some prescription medications decrease the amount of acid your stomach makes (H₂RAs and Proton Pump Inhibitors), while others make it easier for food to go down your esophagus and empty from your stomach (motility agents).

Your doctor has selected the type of drug considered most appropriate for you. You should fill the prescription and take **all** of the medication as prescribed, even if your symptoms settle down quickly. The following chart describes some of the more common heartburn medications. These medications are designed to reduce the amount or the strength of acid that goes up into your esophagus.

TYPE	ACTION	EXAMPLE	OVER-THE-COUNTER
Antacids	Neutralize stomach acid, but not appropriate for long-term use.	A variety of over-the-counter products	Yes
Motility Agents	Increase the speed of passage of food through your stomach	cisapride	No
Rafting Agents	Create a protective barrier against refluxed acid going up the esophagus	alginic acid	Yes
H ₂ RAs <i>(also known as H₂ blockers)</i>	Lower the amount of acid made by your stomach	ranitidine	Yes, lower dose
Proton Pump Inhibitors	Greatly lower the amount of acid in your stomach	LOSEC®	No

What about the cost of these medications?

The cost of a medication for heartburn is not just the cost of filling your prescription. If the medication is not completely effective, the persistent heartburn or esophagitis you experience may cost you time, money, health, and happiness. If you add up **all** of these costs, a prescription medication that seems expensive may actually be cheaper in the long run because it works better; such a medication is said to be “cost-effective.” Thus, it is important for you to consider all the benefits of treatment when you assess the cost of your medication.

Why has my doctor chosen LOSEC?

You have been given a prescription for LOSEC because your doctor considers that this is the best way to reduce the amount of acid in your esophagus. Remember that your heartburn may settle before the inflammation has healed, so it is important to take all of your LOSEC as directed even if you are no longer feeling the symptoms. There is no medication that will “cure” your GERD forever, so your doctor may recommend that you continue to take your medication for many months or years, as long as you have heartburn symptoms.

Fill your prescription and take it until it is finished. Symptoms will usually go away quite quickly, but healing has a chance to take place only if you take **all** your LOSEC.

Will surgery cure my heartburn?

Almost everyone with GERD does very well with drug therapy. However, in some cases, medication does not work, and surgery (fundoplication) may be recommended. A fundoplication helps to stop acid going into your esophagus from your stomach. If you are contemplating surgery, you should discuss it very carefully first with your family physician and your specialist.

Will I have heartburn forever?

For many people, reflux disease or heartburn is a lifelong condition. There is real pain with heartburn that does require treatment and monitoring. **You** can take an active part in your own treatment by making lifestyle changes and/or taking your medication as prescribed. However, if your heartburn persists, it does not mean that **you** have failed. There is no “magic cure” for heartburn or GERD, despite many recent advances that can help you enormously.

Steps to follow



1. See your doctor to discuss your symptoms.



2. Report any lifestyle change or worsening of symptoms (e.g., difficulty swallowing, pain on swallowing or vomiting).



3. If your doctor gives you a prescription, **FILL IT AND COMPLETE YOUR COURSE OF MEDICATION.**



4. Go back to your doctor to report if the treatment was effective or not.

5. Remember! Tell your doctor about any symptom changes.

Glossary

Barrett's Esophagus A change in the lining of the esophagus so that it becomes more resistant to acid; your symptoms may become less but the new tissue lining the esophagus may be a sign that a cancer will eventually develop.

Erosions (esophageal) Small areas where the lining of the lower end of your esophagus has been injured.

Esophagus The long tube-like passageway in your chest that carries food from your mouth to your stomach.

Food Sticking A feeling that you cannot swallow because food is caught in the back of your throat or somewhere behind your breast bone.

Gastro-Esophageal Reflux Disease (GERD)
A term for any problem – such as heartburn or inflammation – caused by the return (or “reflux”) of acid and other stomach contents into the esophagus.

Heartburn A burning feeling in the centre of your chest or in the upper part of your stomach rising up towards your throat. It may give you an acid or sour taste in the back of your throat or mouth. Also known as “acid indigestion.”

Hiatus Hernia A small part of the upper end of the stomach that slides up into the chest cavity as a result of a weakness in the diaphragm.

Lower Esophageal Sphincter (LES) A ring of muscle that forms part of the lower end of the esophagus where it becomes the stomach. It acts like a valve.

Reflux To flow back or return.

Reflux Esophagitis Inflammation or injury to the lining (“mucosa”) of the esophagus, caused mainly by stomach acid.

Regurgitation The return of food, liquid, or stomach acid into the back of your throat so that you can taste it.

Stricture An area of narrowing, usually at the lower end of the esophagus, which follows inflammation and scarring due to esophagitis.

Ulcer (esophageal) An area of injury to the lining of the esophagus that is deeper and larger than an erosion.



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