Dietary and lifestyle advice for reflux

What is acid reflux and why does it happen?
When we eat and drink, food and liquid travel down the oesophagus (food pipe) to the stomach, where digestion begins. The stomach produces acid to help break down food.

Acid reflux (also known as dyspepsia) occurs when food or drink mixed with stomach acid flows back up into the oesophagus. Normally, a muscle called a sphincter helps prevent this from happening. If this muscle is not working as effectively, reflux can occur and may cause discomfort.

Reflux can affect the oesophagus and, in some people, the throat and voice box. There are two commonly used terms for these patterns of reflux: gastro-oesophageal reflux disease (GORD) and laryngopharyngeal reflux (LPR).

What is the difference between GORD and LPR?
GORD and LPR are related conditions, and people can experience symptoms of both.

GORD	**LPR**
Stomach contents flow back into the oesophagus (food pipe).	Stomach contents travel further up towards the throat and voice box.
Common symptoms include heartburn, indigestion, an acid taste in the mouth and regurgitation (stomach contents coming back up).	Common symptoms include frequent throat clearing, a hoarse or croaky voice, a persistent cough, a sore throat or a feeling of a lump in the throat.
Symptoms may be worse after meals, when bending forward or when lying down.	Symptoms may occur during the day or night and may be noticeable on waking or when speaking.
Heartburn and acid regurgitation are typical symptoms.	Heartburn may be absent, which is why LPR is sometimes called “silent reflux”.

Important: Not everyone with reflux experiences heartburn or an acid taste. If you have persistent throat symptoms, you may not realise that reflux could be contributing to them. However, these symptoms can also have other causes, so they should not automatically be assumed to be due to reflux.

What are the symptoms?
Symptoms vary from person to person and may include:

- Heartburn (a burning sensation in the chest).
- Feeling sick or bloated.
- An unpleasant or sour taste in the mouth.
- Food or liquid coming back up into the throat or mouth.
- Frequent throat clearing.
- A hoarse, croaky or altered voice.
- A persistent cough or sore throat.
- A sensation of a lump or mucus in the throat.

Symptoms can come and go and may be worse after meals, when bending forward or when lying down. Reflux can also cause symptoms such as coughing and throat clearing. These symptoms may occur during or after meals, but they can also occur at other times of the day or night, even when you are not eating or drinking.
If these are your main symptoms, we recommend discussing this with your GP as your symptoms be related to reflux rather than a swallowing difficulty. Treatment of reflux may improve these symptoms, and Speech and Language Therapy assessment may not be required.

Who can get acid reflux?
Anyone can experience reflux, but it may be more common or troublesome in:

- People who smoke.
- Pregnant women.
- People who drink excess alcohol.
- People who are overweight.
- People taking certain medicines that can cause or worsen reflux or indigestion.

Some medicines can contribute to reflux symptoms, including certain anti-inflammatory painkillers and other medicines that affect the digestive system. If you think your medicines may be contributing to your symptoms, speak to your pharmacist or GP. Do not stop prescribed medicines without seeking advice.

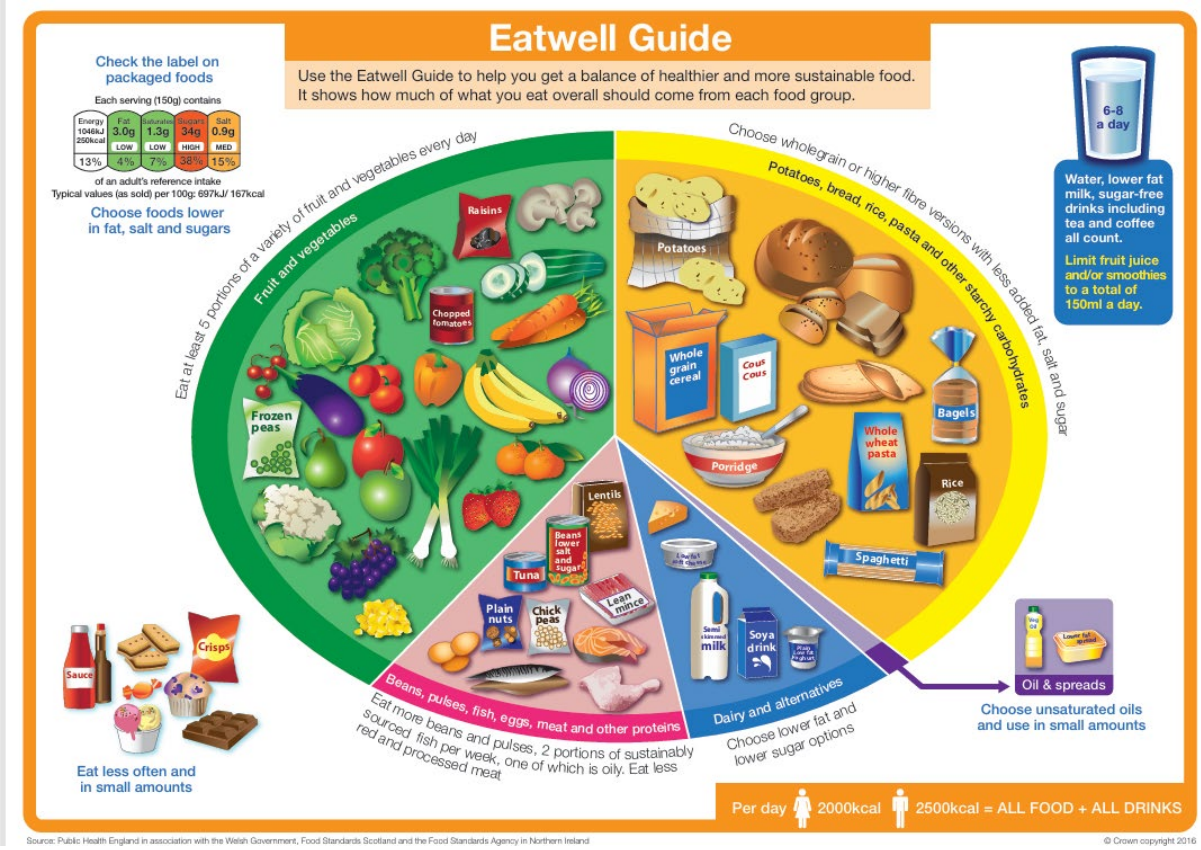
People taking multiple medicines may also be prescribed a proton pump inhibitor (PPI), such as omeprazole or lansoprazole, to reduce stomach acid and protect against gastrointestinal complications associated with certain medicines. Therefore, being prescribed a PPI for this reason does not necessarily mean that you have symptoms of reflux.

Lifestyle tips to help

- **Maintain good posture:** lying down, bending forward and hunching over can increase reflux symptoms.
- **Avoid tight clothing around your waist:** tight waistbands or clothing that presses on your stomach may increase pressure and worsen reflux symptoms.
- **Consider weight loss if appropriate:** if you are overweight, losing weight may help reduce the frequency and severity of reflux symptoms. You may wish to ask your GP for support.
- **Stop smoking:** smoking can contribute to reflux symptoms. Contact your local stop smoking service if you would like advice or support.
- **Manage stress levels:** physical activity, relaxation techniques and psychological support, such as cognitive behavioural therapy (CBT), may help you manage stress and symptoms.

Dietary advice
Making small changes to your diet and eating habits may help reduce reflux symptoms. The following suggestions may be a useful starting point.

- **Follow a healthy, balanced diet:** aim to follow the NHS Eatwell Guide and maintain a varied diet.



- **Eat smaller, regular meals:** large meals may increase reflux symptoms. Try to eat slowly rather than eating on the run, and sit upright at a table where possible.
- **Consider your alcohol intake:** excess alcohol may worsen reflux symptoms. For general health, it is recommended that adults who drink alcohol do not regularly exceed 14 units per week. For more information, visit www.nhs.uk/live-well/alcohol-advice/calculating-alcohol-units or www.nhs.uk/better-health/drink-less/
- **Experiment with fluid timing if helpful:** some people find that drinking fluids between meals rather than with meals helps them manage their symptoms. Make sure you still drink enough throughout the day.
- **Identify your individual food triggers:** evidence for routinely avoiding specific foods is limited, but some people report that certain foods worsen their symptoms. These may include:
    - Spicy foods.
    - High-fat foods, including chocolate.
    - Caffeinated drinks.
    - Tomato-based products.
    - Citrus fruits and juices.

If you notice that a particular food triggers your symptoms, you may wish to reduce your intake of it. If your symptoms do not improve, you can reintroduce the food.

Avoid cutting out foods unnecessarily, as this may make it harder to maintain a balanced diet.

- **Avoid eating close to bedtime:** try to avoid eating for at least 2–3 hours before going to bed, particularly if you experience symptoms at night.
- **Avoid lying down or bending over straight after meals:** allow time for digestion before lying down, bending or undertaking activities that put pressure on your abdomen.

When should I seek advice?

- Speak to your GP if your symptoms are persistent, occur frequently, are not improving with lifestyle changes or require regular medication. Your GP can advise on suitable treatment options and may prescribe a proton pump inhibitor (PPI). Some people may also be prescribed, or find it helpful to take, Gaviscon Advance.

References

Newbury, C. & Lynch, K. (2019) The role of diet in the development and management of gastroesophageal reflux disease: why we feel the burn https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6702398/

NHS – Heartburn and reflux https://www.nhs.uk/conditions/heartburn-and-acid-reflux/