I am a 45-year-old male and overweight. I experience heartburn and discomfort after eating—which sometimes move into my chest, especially if I lie down. I have tried over-the-counter antacid preparations, but the relief lasts only a short time. Should I be worried?

As mentioned in one of our previous columns, chest discomfort of any kind needs to be assessed by your physician, with special attention to risk factors for coronary artery disease (CAD).

Although you are still relatively young, males are at increased risk for CAD after the age of 45. The answer is, therefore, don’t just worry; have that all-important physical evaluation and start working on any risk factors that may be present. One cannot turn the clock back, but weight loss, exercise, and proper nutrition will go a long way to correct and alleviate many problems, and certainly will reduce the risk of a heart attack. Any lifestyle changes—especially the initiation of an exercise program—should be supervised by your health-care provider once it is established that your heart is able to tolerate the exertion.

Your symptoms sound very much as if they could be described as heartburn. Heartburn is the most common symptom of esophageal disease. (The esophagus, or gullet, is the tube linking the throat to the stomach.) It is estimated that 40 percent of Americans experience heartburn at least once a month; approximately 10 percent of persons in the United States experience heartburn every day. It is most often described as a burning sensation that arises in the stomach area and moves into the chest. It is an important indicator of the backward flow of acid up the esophagus (acid reflux). For this reason it tends to occur after meals, when lying down, or when bending over or lifting objects. In this latter situation, pressure increases in the abdomen, with a greater flow of acid back up the esophagus. Specific types of food may also cause heartburn: fatty or spicy, refined carbohydrates, and chocolate may trigger heartburn.

Although the esophagus appears to be a simple tube to deliver food and fluid from the mouth to the stomach, it has special mechanics to prevent gastric acid and stomach contents from escaping backwards (reflux). One protection is provided by a valvelike structure between the stomach and esophagus. The cells lining the lower gullet/esophagus also help protect against damage from acid. When the coordination of the muscles and valves of the esophagus do not function well, acid can flow back up the tube and produce a sour or bitter, unpleasant sensation at the back of the throat. The situation may also result in excessive flow of saliva, adding to the total feeling of
discomfort. These symptoms are most commonly described as gastroesophageal reflux disease (GERD).

The diagnosis of GERD is most often made on the classical symptoms you describe. Endoscopy (visualizing the esophagus with special equipment) is useful in identifying the complications of GERD, including ulcers and narrowing of the esophagus. If symptoms are not classical, the amount of acid in the esophagus can be measured. This is done using a probe in the esophagus while the patient continues their daily routine. This test is expensive. Often a trial of medication to decrease the amount of acid production results in improvement of symptoms and may be taken as confirmation of the diagnosis of GERD.

Lifestyle measures form an important part of the treatment of GERD. Elevation of the head of the bed may be helpful. One should avoid liquids or food two to three hours before bedtime. Fatty, refined, and spicy food should be avoided. If the patient smokes, they should stop, and alcohol should be avoided. It is essential for the overweight patient to lose weight and reach ideal body mass index (BMI). This is achieved by correct eating and a sustainable exercise program.

For patients with persistent symptoms despite appropriate lifestyle changes, there are various medications that have been proven to be valuable. These attempt to enhance the muscle function of the esophagus and also decrease acid production by the stomach. Antacids tend to give temporary relief, while the sustained use of agents that decrease acid production has more enduring results.

In summary, see your physician, implement the necessary lifestyle changes, and be liberated from the discomfort of dyspepsia.