



Indigestion (dyspepsia)

Upper abdominal discomfort: causes, tests and what helps

PE-GIC-10

Indigestion is very common and, in most people, is not caused by anything serious. Testing for *H. pylori*, sensible eating habits and, when needed, a course of acid-reducing medicine help most people. A small number of warning symptoms need a prompt gastroscopy, and they are listed below.

What is it?

Dyspepsia is a group of symptoms felt in the upper middle part of the abdomen: pain or burning, feeling uncomfortably full after a normal-sized meal, or feeling full after only a few mouthfuls.

When tests, including a gastroscopy, find no ulcer or other cause, the condition is called functional dyspepsia. This is the most common type. It is a disorder of gut-brain interaction: the stomach may be more sensitive than usual, or may not relax and empty normally after meals. It is real, but it does not damage the stomach and does not lead to cancer.

Common causes

- Functional dyspepsia, where no structural cause is found
- *Helicobacter pylori* (*H. pylori*), a common stomach infection
- Anti-inflammatory painkillers such as ibuprofen, diclofenac and aspirin
- Stomach or duodenal ulcers
- Reflux disease, which often overlaps with dyspepsia
- Some medicines, such as iron tablets, some antibiotics and some osteoporosis tablets
- Less commonly, coeliac disease or, rarely, stomach cancer, mainly in older people with warning symptoms

Symptoms

- Pain or burning in the upper middle abdomen
- Uncomfortable fullness after meals
- Feeling full quickly (early satiety)
- Upper abdominal bloating, belching or nausea

Heartburn rising behind the breastbone is more typical of reflux, although the two often occur together. Sudden attacks of severe pain under the right ribs, lasting hours, suggest gallstones rather than dyspepsia.

Tests

Most younger people without warning symptoms do not need a gastroscopy at first. The usual approach is:

- A breath or stool test for *H. pylori*, and treatment if it is positive ('test and treat')
- Before a breath or stool test: stop PPI acid-reducing medicines for 2 weeks, and do not take antibiotics or bismuth for 4 weeks, unless your doctor advises otherwise. Simple antacids can be used for symptoms in the meantime
- A blood count, and sometimes a coeliac disease blood test
- A gastroscopy if you have warning symptoms; if you are 55 or over and have lost weight, or your indigestion does not settle with treatment; or from age 40 if a close relative has had stomach or oesophageal cancer

Treatment

Treatment is matched to the cause and to your main symptoms:

- If *H. pylori* is found, it is treated with a course of antibiotics; this heals ulcers and helps some people with functional dyspepsia
- Stop anti-inflammatory painkillers where possible; paracetamol is usually gentler on the stomach. Do not stop aspirin or blood thinners prescribed for your heart or circulation without speaking to your doctor first
- A proton pump inhibitor (PPI), such as omeprazole, for 4 to 8 weeks, taken 30 to 60 minutes before breakfast. If it helps, the aim is then to stop it or use the lowest dose that works
- For persistent functional dyspepsia, a low-dose 'gut-brain' medicine such as amitriptyline, used at much lower doses than for depression

- Medicines that help the stomach empty, for fullness and nausea, in selected people
- Gut-directed psychological therapies, which can help when symptoms persist

Eating habits that help

- Eat smaller, more frequent meals rather than two or three large ones
- Eat slowly and chew well
- Reduce fatty and fried meals, which slow stomach emptying
- Avoid lying down for 2 to 3 hours after eating, and avoid heavy late meals
- If they worsen your symptoms, cut down on coffee, strong tea, karak and fizzy drinks
- Stop smoking and shisha, and keep active

Get urgent medical care if you have

- Difficulty swallowing or food sticking
- Vomiting blood or material like coffee grounds, or black stools
- Weight loss without trying, especially with indigestion at age 55 or over
- Persistent vomiting
- Iron-deficiency anaemia
- A lump in the upper abdomen

Common questions

Is functional dyspepsia 'all in my head'?

No. It is a real condition with measurable changes in how the stomach senses and handles food. Stress can make symptoms worse, which is why calming the gut-brain connection is part of treatment.

Will treating *H. pylori* cure my indigestion?

It clears the infection, heals ulcers and lowers the long-term risk of stomach problems. It improves symptoms in some people with functional dyspepsia, but others need further treatment.

Does spicy food damage the stomach?

No. Spicy food does not cause ulcers, but some people find it worsens their symptoms. Avoid only the foods you personally notice cause trouble.

Do anise, cumin or other herbal drinks help?

Some people find warm herbal drinks soothing, and they are generally harmless in usual amounts, but they are not proven treatments. Do not use them to delay assessment of warning symptoms.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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