

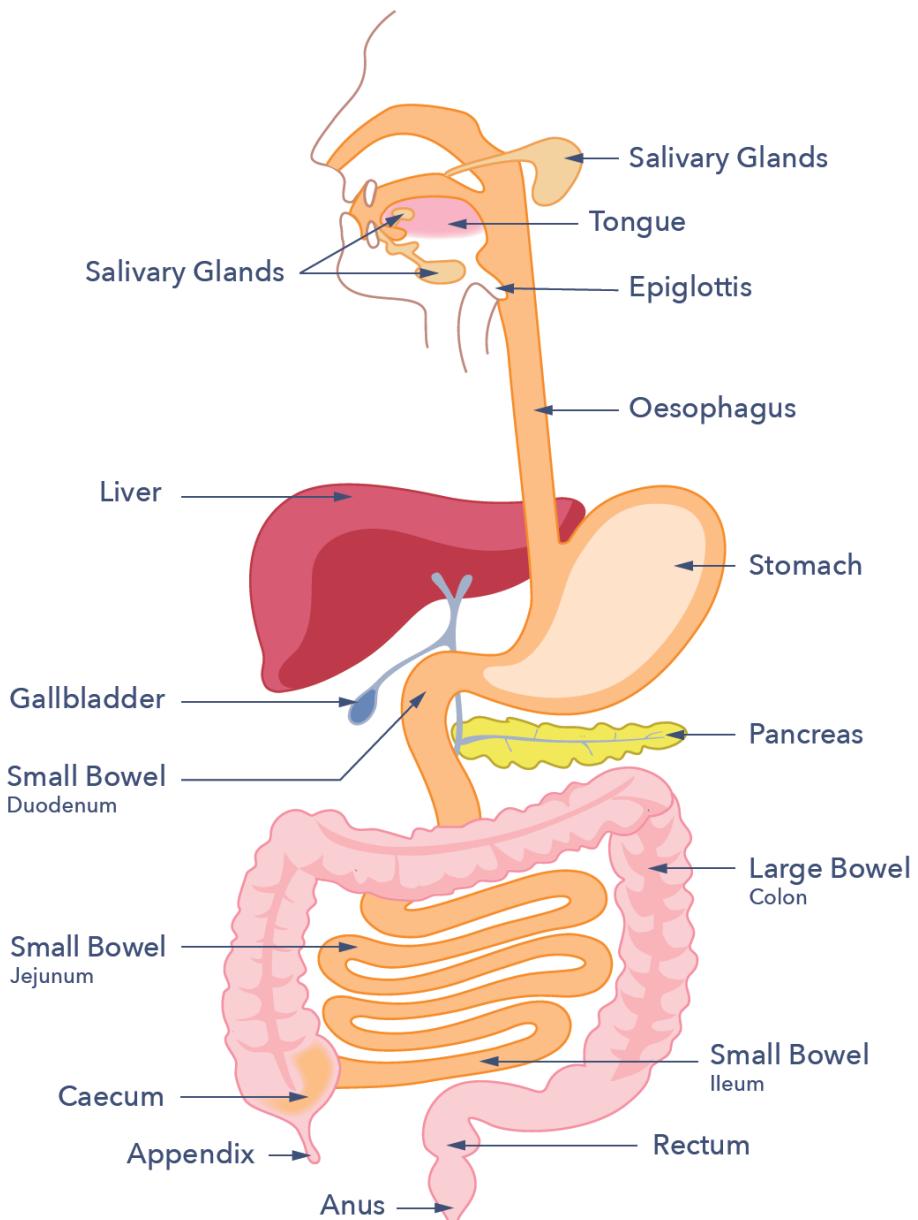


Belching Disorders



Guts UK is the charity for the digestive system. Funding research to fight diseases of the gut, liver and pancreas.

THE DIGESTIVE SYSTEM



OVERVIEW

THIS FACTSHEET IS ABOUT BELCHING DISORDERS.

This factsheet helps explain about belching disorders. It describes when it is a problem that you should tell your doctor about and what treatment is available to reduce it.

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Belching or burping is a natural way for the stomach to expel too much air that has been swallowed. Normal belching might happen between 10 and 20 times per day. Belching can occasionally happen so often that it significantly lowers a person's quality of life. There are some disorders that are diagnosed when belching becomes excessive and troublesome in adults. These are:

- Supragastric Belching (*supra* - above, *gastric* - stomach)
- Excessive Gastric Belching.

Up to 1 in 100 people are thought to have these disorders. These numbers relate to an uncommon condition. But more research is needed to better determine this figure. Belching disorders are diagnosed more often in those designated male at birth and young people.

CAUSES

Supragastric belching happens when air is involuntarily drawn into the gullet. The air is then expelled as a belch, without it entering the stomach. The cause of supragastric belching is unknown. Supragastric belching is known as a disorder of the gut-brain interaction (DGBI). It is thought that disorders of gut-brain interaction happen because of faulty nerve communications between the gut and the brain. Normally these nerve connections work both ways - gut to brain, and brain to gut, to help the digestive system function well. People with anxiety, obsessive-compulsive disorder or eating disorders may have supragastric belching.

Supragastric belching is also more likely to happen in people who have a diagnosis of reflux disease, functional dyspepsia, or rumination syndrome.

Supragastric belching is an unconscious learned behaviour. The person does not have control over developing this disorder. Learned behaviours can develop to self-treat symptoms of abdominal discomfort, indigestion, or bloating. A normal belch can relieve discomfort caused by stretching of the stomach after a meal. The symptoms are also made worse during periods of stress.

Excessive gastric belching is also a disorder of the gut-brain interaction (DGBI). It happens because air is swallowed into the stomach and then expelled. Gastric belching is more likely to happen for people who have a diagnosis of reflux and functional dyspepsia.

SYMPTOMS

For people with **supragastric belching**, symptom episodes can happen often, with belching occurring in a repetitive way. These episodes are not related to eating and drinking. The symptoms should have been present for at least 6 months before a diagnosis is made. They happen more than

three times a week and are so intrusive that it affects the person's quality of life.

In **excessive gastric belching** symptoms, belching from the stomach is severe enough to affect usual activities. It also happens for more than three days a week. Again, symptoms should be present at least 6 months before diagnosis. There is not a defined number of episodes of belching for this disorder.

Red flag symptoms that you should discuss with your doctor include the following:

- Unintentional weight loss.
- Low levels of iron in the blood. Symptoms of low iron might include feeling tired and breathless. (Your GP can check for this by taking a blood sample).
- Any pain or sensation of food sticking when swallowing.
- Belly pain traveling through to the back.
- Yellowing of the whites of the eyes, dark urine and pale poo.
- Persistently being sick (vomiting).

HOW ARE BELCHING DISORDERS DIAGNOSED?

- An 'upper' endoscopy test, called a gastroscopy, is sometimes done. This is to check for diseases that might cause symptoms. A gastroscopy is a camera attached to the end of a thin wire used to view the oesophagus and stomach. The result is usually normal for people who have belching disorders.
- Doctors diagnose these disorders by listening to reported symptoms. Doctor's seeing a person's belching episodes in a clinic can support a diagnosis of supragastric belching.
- A test, called reflux monitoring with PH-impedance, can help the doctor to decide the type of belching. The test isn't needed in every situation but might be useful when the diagnosis is not clear cut. The test investigates the movement of air within the gullet. A thin wire placed through the nose down the gullet records the movement of air.

TREATMENTS

WHAT TREATMENT IS AVAILABLE FOR BELCHING DISORDERS?

If someone also has been diagnosed with reflux disease, treatment of reflux can be useful. Information about reflux can be found [here](#). There are other useful information pages where you can read about other conditions. Functional dyspepsia and rumination syndrome can be found here. Please contact 0207 7486 0341 if you would like a printed copy.

Treatment for gastric belching is different from treatment of supragastric belching.

Treatment for excessive gastric belching

Lifestyle factors may be helpful in reducing the amount of air swallowed in the upper digestive tract. But this advice does need more research to see how helpful it is for belching disorders. Try the following:

- Eating slowly.
- Avoiding sucking boiled sweets.
- Using small swallows (instead of, for example, gulping drinks).
- Avoid fizzy drinks.

There is a small amount of evidence that suggests a medicine called baclofen might be useful. This works by treating the symptoms at the gut-brain axis. Discuss this option with your doctor.

Treatment of supragastric belching

Cognitive behavioural therapy (CBT) is the main treatment for supragastric belching. CBT is a talking therapy that can help you manage your problems by changing the way you think and behave. Treatment can also include diaphragmatic breathing and some tongue exercises.

Diaphragmatic breathing is a treatment with a small amount of evidence that it can reduce symptoms. This treatment may be provided by a

physiotherapist or a speech and language therapist. This treatment may be difficult to access in the NHS and may not be effective for everyone. Treatment might be available in larger teaching hospitals.

Another technique that is taught is to open the mouth slightly whilst breathing through the mouth and position the tongue behind the front teeth. This technique is applied whilst sitting when a sensation of throat chest or abdominal discomfort before an imminent belch is felt. This technique can prevent a supragastric belch.

SUPPORT

HOW CAN BELCHING DISORDERS AFFECT YOU OVER TIME?

Improvements can be made to symptoms. But continuing symptoms can severely affect people's quality of life. Please discuss this with your doctor if this is the case. Symptoms of belching disorders should not need a regular review with your doctor. Talk to your doctor if you notice any changes to your symptoms.

WHAT TO ASK YOUR DOCTOR ABOUT YOUR BELCHING DISORDER

- Can I be referred for diaphragmatic breathing treatment?
- Would medicine be helpful for me?
- Can I be referred to a CBT therapist for help?

References available on request.

www.gutscharity.org.uk