Your Diagnosis

Your doctor has determined that you have gastritis, an inflammation of the stomach lining. A common medical problem, gastritis is not one specific disease but rather a condition that develops from many causes. Regardless of the specific cause, patients with gastritis commonly experience a gnawing or burning pain in the stomach and upper abdomen.

About the Condition

The stomach is a hollow, muscular pouch in the upper-left region of the abdomen, typically 10 inches long in adults. Its main purpose is to process and store food. The walls of the stomach contain layers of muscles and glands that produce enzymes and gastric acid to aid in digestion. A protective and sticky mucous coating normally protects the walls of the stomach from its own corrosive acid.

Gastritis occurs when the protective mucous layer is weakened, allowing gastric acid to reach the stomach lining. Numerous behaviors and underlying conditions can trigger gastritis. One of the most common is the prolonged use of aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen. Another common cause is infection with Helicobacter pylori (H. pylori) bacteria.

Occasionally gastritis develops after a traumatic injury or major surgical procedure. Other causes of the condition include drinking too much alcohol, cancer radiation and chemotherapy treatments, infections other than H. pylori, and pernicious anemia, the inability to absorb vitamin B-12 from the gastrointestinal tract.

Gastritis can be acute, coming on suddenly, or chronic, developing gradually and persisting. An example of the acute form is an upset stomach after using aspirin. H. pylori may lead to chronic gastritis.

It is estimated that more than 65% of people in the world are infected with H. pylori, although most of them never suffer any symptoms. In addition to gastritis, H. pylori infection causes ulcers in the stomach and intestinal lining, and increases the risk of developing stomach cancer.

Treatment Options

The treatment plan for gastritis generally depends on the cause of the condition. Some treatment choices target the source of gastritis directly while others reduce symptoms, such as excess acid secretion, giving time for the stomach to heal. Often, more than one treatment is used at the same time.
The following treatment possibilities are available:

**Antacids** – Patients with mild gastritis can frequently achieve quick pain relief by using over-the-counter (OTC) antacids, which neutralize acid in the stomach.

**Acid Blockers** – If antacids do not eliminate symptoms, acid-blocking drugs may be recommended. These medications — often referred to as histamine or H2 blockers — work by decreasing the amount of acid the stomach produces. Some are available over the counter; others require a prescription.

**Proton Pump Inhibitors** – A more powerful way to suppress gastric acid is to block the stomach’s ability to secrete it with drugs that stop the action of acid “pumps” within specific stomach cells. These proton pump inhibitors also seem to hinder the activity of *H. pylori* bacteria.

**Coating Agents** – A different type of medication helps protect the tissues that line the stomach and small intestine. These coating agents are often recommended for patients who take NSAIDs regularly. Stomach coating drugs are available by prescription and over the counter. One such OTC medication is bismuth subsalicylate, which also appears to inhibit *H. pylori* activity.

**Antibiotics** – Gastritis that is caused by *H. pylori* infection is treated with antibiotics. Sometimes two different antibiotics are prescribed along with a proton pump inhibitor, called triple therapy, which is a very effective method that kills the bacteria nearly 90% of the time. Patients whose gastritis is caused by *H. pylori* are often tested, after their antibiotic treatment ends, to determine if the infection is completely eliminated.

**What You Can Do**

To reduce the symptoms of gastritis and prevent other digestive problems, you should avoid potential stomach irritants such as smoking, caffeine, alcohol and highly seasoned foods. You can eat smaller, more frequent meals to buffer stomach acid secretion. Be sure to wash your hands thoroughly too, especially at mealtimes and after using the bathroom, since *H. pylori* bacteria are contagious.

In addition, pain relievers containing acetaminophen are generally recommended to use instead of aspirin and NSAIDs. Talk with your doctor about what prescription and OTC medications are best for your individual situation. Also be sure to tell your doctor if your symptoms get worse or linger.

**Additional Resources**

American College of Gastroenterology, 301.263.9000, www.acg.gi.org
Digestive Diseases Information Clearinghouse, 800.891.5389, www.digestive.niddk.nih.gov