

DOCTOR'S NOTE

Monthly Newsletter for Woodlands' CCM Program

Over-the-Counter Heartburn Medications: what is available and how long should I take it?

BY MARK M RYAN, MD



There are several over-the-counter drugs that treat symptoms such as indigestion or burning sensation in the throat of the chest caused by acid reflux. These medications are generally safe with few side effects. Because these medications do not require a prescription, patients sometimes get little guidance on what to take, how to take it, and how long they should take the medication.

There are three categories of over-the-counter heartburn medications:

- **1. Antacids:** these are chewable tablets or liquids that contain aluminum hydroxide (Gaviscon), magnesium hydroxide (Maalox), calcium carbonate (Tums), sodium bicarbonate (Baking Soda), or bismuth subsalicylate (Pepto-Bismol). Several antacids contain combinations of these ingredients. Antacids are helpful for patients with occasional symptoms of heartburn because they neutralize stomach acid within seconds and continue to work for about two hours.
- **2. Histamine 2 (H2) Blockers:** Tablets, liquids, or capsules that contain cimetidine (Tagamet) or famotidine (Pepcid). H2 blockers can be taken when heartburn symptoms begin or thirty minutes before eating food or drinking beverages that typically cause heartburn. These drugs decrease stomach acid production within one hour and work for up to twelve hours.
- **3. Proton pump inhibitors (PPIs):** tablets capsules, or dissolving tablets that contain esomeprazole (Nexium), lansoprazole (Prevacid), or omeprazole (Prilosec). Non-prescription PPIs can treat heartburn that occurs two or more days per week. These drugs decrease the amount of acid produced in the stomach and should be taken once daily on an empty stomach and followed by a meal 30-60 minutes later.

From our families to yours:

Happy Holidays

HEALTH TIPS



NATIONAL INFLUENZA VACCINATION WEEK

National Influenza Vaccination Week is an opportunity to remind everyone that there is still time to protect themselves and their loved ones from flu this season by getting their annual flu vaccine if they have not already.

Influenza viruses are constantly changing and protection from vaccination decreases over the course of a year. Getting a flu vaccine every year is the best way to reduce your risk or flu illness, hospitalization, and death.

The more people vaccinated against the flu, the more people are protected from flu and stop its spread in the community.

This newsletter is brought to you by the [Woodlands Primary Care Department](#)

IN THE NEWS

My watch detected a brief episode of atrial fibrillation (A-fib). Do I need to take a blood thinner?

Researchers at McMaster University and Population Health Research Institute in Ontario, Canada conducted a meta-analysis of two large randomized clinical trials and [found](#) that the risk of major-bleeding events outweighs the small reduction in risk of stroke in patients with events of atrial fibrillation lasting <24 hours detected by devices like an Apple Watch.

With technology advancing, many patients come to my office with cardiac rhythm strips showing atrial fibrillation that they recorded with their watch or a handheld EKG machine. They are understandably concerned because the evidence that episodes of atrial fibrillation lasting >24 hours (“clinical atrial fibrillation”) increase the risk of stroke is reasonably strong. These patients generally benefit by taking an oral anticoagulant like Eliquis, Xarelto, or Coumadin.

Patients with device-detected atrial fibrillation lasting <24 hours (“subclinical atrial fibrillation”) were studied in two major clinical trials that compared outcomes in patients taking an oral anticoagulant versus those taking a placebo: [NOAH-AFNET](#) studied 2,536 patients and [ARTESiA](#) studied 4012 patients.



By combining the data of these trials in a meta-analysis, researchers were able to draw more robust results showing that patients taking an oral anticoagulant for “subclinical atrial fibrillation” prevented 3-6 strokes per 1,000 patient years; however, these patients had 7 major bleeding events during the same time period.

The conclusion drawn from this study is that the absolute risk of stroke in patients with “subclinical atrial fibrillation” is small, and oral anticoagulants substantially increase the risk of major bleeding. For this reason, in most patients the risk of bleeding outweighs the benefits of taking an oral anticoagulant for brief episodes of atrial fibrillation detected on a device.

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CALL US FIRST

WHAT SHOULD I DO IF I RECEIVE AN ABNORMAL RESULT VIA THE PATIENT PORTAL?

Received an abnormal result automatically via patient portal after-hours and not sure how to proceed? Our physicians are on-call 24/7 and available to answer any questions you have about your results. Call **850-696-4000** and ask the operator for the Woodlands primary care physician on-call.