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Well

5 Gut Facts Experts Want You to Know

We asked gastroenterologists every mortifying question we could think of. Here's straight talk on constipation, heartburn and gas.

**By Jancee Dunn**

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Flatulence, constipation and diarrhea can be embarrassing. But you don't need to be shy about discussing them with a gastroenterologist, a doctor who treats conditions of the digestive system.

"We've heard it all," said Sophie Balzora, a gastroenterologist and clinical professor of medicine at NYU Langone Health. "And we want to normalize talking about it."

So I took her advice and plunged in, asking her and other experts what they want you to know about your gut.

Acid reflux and heartburn are not the same thing.

People often use the terms “acid reflux” and “heartburn” interchangeably, but it’s important not to mix them up, said Christine Lee, a gastroenterologist at Cleveland Clinic.

Acid reflux, which affects nearly a third of U.S. adults weekly, is the backward flow of stomach acid into the esophagus. Sometimes it progresses to a more serious condition called gastroesophageal reflux disease, or GERD.

Heartburn, on the other hand, is a symptom, not a condition. A burning pain in the chest can be caused by acid reflux or GERD. It can also be a sign of other problems, including heart trouble or a peptic ulcer, so it’s worth visiting a doctor if you have persistent heartburn, Dr. Lee said.

And if you think you have GERD, check in with your doctor to help you get it under control, Dr. Lee said, not only because you can get some relief, but because it has been associated with esophageal cancer.

Taking antacids regularly can cause (or mask) problems.

Just because antacids are often sold next to gum and mints at the drugstore doesn’t mean that you should eat them like candy, Dr. Balzora said. If you’re taking any antacids daily, or even a few times a week, that’s a sign that something could be wrong, she added.

Overusing these medications, she said, can cause additional problems. Regularly downing calcium-based antacids, for instance, can increase your risk for kidney stones.

You don’t have to poop every day.

Some people worry about not having a daily bowel movement, but constipation is generally defined as having fewer than three bowel movements a week.

“There’s a wide range of what’s considered normal,” Dr. Balzora said. If you’re a “three-a-weeker,” as she puts it, and you’re not having pain or difficulty passing or any other symptoms, she said, “then that’s fine.”

What’s more noteworthy is a sudden change in habits. If “you used to be a one-a-dayer and now you’re a once-a-weeker, or vice versa,” Dr. Balzora said, “then that needs to be evaluated.”

Constipated? Check your medicine cabinet.

If you have constipation, your first strategy should be to make lifestyle changes such as adding more water and fiber to your diet and exercising a little more, said Xavier Llor, a gastroenterologist at Yale Medicine.

But many people overlook how often medications can be a culprit, Dr. Llor said. “You’ll hear an ad with potential side effects, and get bored and stop listening, but so many medications are constipating,” he said.

Prescription medications like antidepressants and blood pressure medication can cause constipation, according to the National Institute on Aging. So can over-the-counter drugs like pain killers, antihistamines and some antacids, as well as calcium and iron supplements.

If you are using a medication that stops you up, “ask your doctor if there’s a nonconstipating alternative,” Dr. Llor said.

Healthy habits may lower your risk of I.B.S.

Irritable bowel syndrome, a gastrointestinal condition that brings on frequent episodes of diarrhea, constipation or cramping, is one of the most commonly diagnosed digestive disorders.

There’s no cure, but there are habits that may lower your overall risk of developing it, Dr. Balzora said. A recent study that followed almost 65,000 people for over 12 years looked at five healthy behaviors: never smoking, regular exercise, moderate

alcohol consumption, a healthy diet and at least seven hours of sleep. Those who did at least three of those things had a 42 percent lower risk of developing I.B.S.

If you think you have I.B.S., don't self-diagnose, said Natasha Chhabra, a gastroenterologist at Gastroenterology Associates of New Jersey. A doctor will perform specific tests, she said, as well as screen for conditions, like celiac disease.

As I wound up my chat with Dr. Balzora, she stressed the importance of having open conversations around bowel habits, and signed off with a possibly liberating fact: The average healthy person passes gas 10 to 20 times a day.

"I'm on a crusade to normalize flatulence, too," she said.

Protect yourself from melanoma, a dangerous type of skin cancer.

About 100,000 people are diagnosed with melanoma each year in the United States. Ted Alcorn explores simple ways to reduce your risk and to catch possible cases early, while they are most curable.

Read the article: [How to Avoid One of the Deadliest Forms of Skin Cancer](#)

To get the best care at the dentist, speak up.

A visit to the dentist can be confusing or intimidating. Knvul Sheikh reports on how to demystify what's going on in your mouth, and figure out what treatments are necessary.

Read the article: [How to Advocate for Yourself at the Dentist](#)

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Jancee Dunn, who writes the weekly Well newsletter for The Times, has covered health and science for more than 20 years. [More about Jancee Dunn](#)