UNDERSTANDING YOUR DIAGNOSIS

Bringing Food Back Up

Also called Rumination Disorder

Food comes back up on its own after you eat. It is a learned muscle habit, not a choice - and habits can be unlearned.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 to 3 in 100 adults	In babies, teens, or adults	Yes - often in a few weeks	Millions of people worldwide

What this is

- Food you have just swallowed comes back into your mouth. You may chew and swallow it again, or quietly spit it out.
- This is not vomiting and it is not a choice. There is no feeling sick first, and the food still tastes like your meal.
- Your belly muscles have learned to squeeze right after eating, without you deciding to. Learned habits can be unlearned.
- It is not about weight or shape, and it is not you being difficult. It is a body habit, and there is a clear fix for it.

What it can look and feel like

- Food comes back up within a few minutes of eating, easily, with no retching, heaving, or warning that you feel sick.
- What comes up tastes like the food you just ate, not sour or burning the way heartburn or true vomiting does.
- You re-chew and swallow it again, or spit it into a napkin, often without really noticing that you are doing it.
- It happens mostly after meals and fades an hour or two later, so breakfast and lunch may be harder than late evening.
- Stress, busy weeks, and tense mealtimes make it happen more often, and calm, unhurried days make it happen less.
- You have started eating alone, skipping meals out, or leaving early, because you are afraid someone will notice.
- You may have had years of scans, scopes, and heartburn medicines that never explained it and never made it better.

What is happening in your brain and body

- Right after you eat, your belly wall tightens and the valve at the top of the stomach opens, so food slides back up.
- You are not doing this on purpose. It is an automatic muscle pattern, like a hiccup or a blink, running on its own.
- It often begins after a stomach bug, an operation, or a stressful stretch, when one squeeze gave a moment of relief.
- Relief teaches the body to repeat it. Each time, the pattern becomes a little more automatic and harder to notice.
- A test called **manometry**, done after a meal, measures the pressure change and can confirm what is happening.

What can make it more likely

- A stomach illness, an operation, or a hard and stressful period often comes right before this starts.
- Feeling too full or uncomfortable after meals can set off the first squeeze, which then settles in as a habit.
- Anxiety and stress do not cause it, but they reliably make it happen more often once it has already started.
- In babies, and in people with an intellectual disability, it can start as self-soothing when little else is going on.

What to expect

- Once it is named correctly, treatment is usually short. Many people improve within a few weeks of learning one skill.
- The long part is the wait for the diagnosis, not the treatment. Years of tests are common before anyone asks about it.
- Expect it to fade step by step rather than stop overnight, with fewer episodes each week as the new habit takes hold.
- It can return during a stressful stretch. Going back to the breathing practice for a week usually settles it again.

What helps

Treatment works. Most people get better.

Talking therapies

- **Diaphragmatic breathing** - slow belly breathing for about 10 minutes after every meal - is the main treatment.
- It works because relaxed belly breathing and the squeeze that pushes food up cannot happen in those muscles at once.
- **Habit reversal training** teaches you to catch the early feeling and use the breathing before food comes back up.
- **Biofeedback** shows your muscle activity on a screen, so you can see a squeeze you cannot feel and learn to release it.
- If stress or worry is fueling it, **cognitive behavioral therapy** helps with that and with eating around others again.

Medicines

- No medicine is approved just for this. Medicines are helpers, and the breathing practice does most of the real work.
- **Baclofen**, a muscle relaxer, tightens the valve at the top of the stomach and cut episodes in a careful trial.
- **SSRIs**, medicines that steady mood and worry, can help when anxiety is clearly driving how often this happens.
- Acid reducers and anti-nausea drugs do not fix this, and staying on them often delays the treatment that would work.
- Every dose is decided with your prescriber, who weighs side effects such as sleepiness against how much it helps.

Everyday things that help

- Chew sugar-free gum for 20 to 30 minutes after eating. It keeps you swallowing, which competes with the old habit.
- Sit upright for a while after meals, eat slowly, and have smaller meals more often instead of a few large ones.
- Keep a simple diary of meals and episodes. Seeing the pattern is the first step to catching it early enough to stop.
- Practice the breathing when you are calm, not only after meals, so it is automatic by the time you actually need it.
- Book a dental check-up. Stomach fluid can wear at enamel, and a dentist can protect your teeth while you get better.

Get help right away if

- You are losing weight, feel faint or dizzy, or cannot keep fluids down: call your doctor today.
- Chest pain, trouble swallowing, coughing at night, or blood in what comes up: get seen right away.
- If you feel hopeless or think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Can I have a manometry test after a meal to confirm this, instead of another scope?*
- *Who can teach me the after-meal breathing, and how soon can I start?*
- *Which of my current stomach medicines can I safely stop now?*
- *How long before we should expect to see fewer episodes?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychiatric Association. (n.d.). *What are eating disorders?* https://www.psychiatry.org/patients-families/eating-disorders/what-are-eating-disorders

MedlinePlus. (n.d.). *Eating disorders*. National Library of Medicine. https://medlineplus.gov/eatingdisorders.html

MedlinePlus. (n.d.). *Rumination disorder*. National Library of Medicine. https://medlineplus.gov/ency/article/001539.htm

National Alliance on Mental Illness. (n.d.). *Eating disorders*. https://www.nami.org/about-mental-illness/mental-health-conditions/eating-disorders/

National Eating Disorders Association. (n.d.). *Rumination disorder*. https://www.nationaleatingdisorders.org/rumination-disorder/

National Institute of Mental Health. (n.d.). *Eating disorders*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/eating-disorders

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.