



Medicine for Managers

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Hiccoughs

Between 1922 and 1990 Charles Osborne is estimated to have experienced 430 million hiccoughs and the 68 years is recorded in *Guinness World Records* as the longest episode of hiccoughs. The disorder which can also be spelt '*hiccup*', is an involuntary contraction of the diaphragm associated with a sudden inhalation which is arrested by the vocal cords snapping shut, producing the 'hiccup' sound.

The medical term for hiccoughs is *singultus*, which is a Latin word indicating "catching one's breath whilst sobbing".

- Gastro-intestinal disorders such as acid reflux
- Psychological disorders such as grief or intense fear

Many causes of hiccoughs have been identified and include:

- Eating too quickly and gulping drinks
- Consuming spicy foods
- Alcohol consumption
- Smoking
- Consuming fizzy drinks
- Eating or drinking something hot followed by something cold
- Emotions, such as fear or excitement

Less common causes include

- Some medications
- Toxic fumes
- Abdominal surgery

Medical causes, generally rare

- Stroke
- Certain brain tumours
- Brain injuries following accidents
- Lung diseases, e.g. pneumonia and pleurisy

Hiccoughs, if left untreated, will usually settle quickly. However treating hiccoughs is hit-and-miss. Most people's grannies have got an infallible way of controlling the spasms. They include:

- drinking iced water
- leaning forward and drinking water from the far side of a glass
- biting on a lemon
- receiving a sudden shock
- using smelling salts
- gargling
- pulling hard on the tongue
- pulling the knees up to the chest
- placing a teaspoon of sugar on the back of the tongue

Sometimes medical intervention is required if the hiccoughs last for longer than two to three

hours. For severe chronic hiccoughs, doctors may use

- chlorpromazine (first line)
- metoclopramide (*Maxolon*)
- haloperidol
- gabapentin
- muscle relaxants
- sedatives
- anxiolytics

The usual medical approach is to prescribe the medication of choice and to gradually increase the dose over a period of weeks until the hiccoughs have stopped, after which the medication is gradually reduced.

As a medical student I remember a consultant saying that hiccoughs could be controlled by sticking a finger in the back passage to stimulate the vagus nerve (which supplies the diaphragm) – to this day I have no idea whether he was being serious or not but I have certainly never tried it.

Hiccoughs can be prevented by not doing the things that cause them to occur. Therefore if eating too quickly, gulping food or drink, consuming large amounts of fizzy drinks or any other suspected cause is likely to reduce the risk of further episodes.

There are theories as to why hiccoughs occur. I am rather attracted to the idea that they are an evolutionary remnant of an amphibian process of gulping water and air so that it passes across the gills.

A more modern theory suggests that it might be a way of eliminating air from the stomach,

especially in babies, to make more capacity to consume food and drink (milk in babies).

Returning to the approach of using a sudden shock to resolve an attack of hiccoughs, I refer you to author *Neil Pasricha*, who wrote:

"The Surprise Attack. This is when you think someone scaring you will frighten the **hiccups** away. Of course, popping a paper bag behind you or clapping in your ear isn't going to cut it. No, this only works when somebody shoves you off a tall skyscraper ledge into a properly rigged-up safety net forty stories below."

-I think that would work for me!

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