

ASK A DOCTOR

Want to burp less? Here's what to do.



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Q: I often burp after eating, and I get nervous about it when I'm out with friends. What should I do? Is there any way to stop burping so much?

A: Just before burping, gas builds pressure as it rises up the esophagus, and your vocal cords reflexively become taut to keep reflux from going down your windpipe. If that pressurized gas is expelled rapidly, it resonates against the cords and other muscles of the esophagus and throat to make a guttural noise.

But if you focus on releasing a burp slowly — rather than forcefully — you can dampen the overall intensity.

You may have noticed that flatulence behaves similarly — the more authoritatively the gas exits the rear, the louder the ripple effect, but experts know you can mitigate that with a steady release.

Why we burp

But where does that air come from? For some people, the burp doesn't actually start in the stomach.

One form of burping occurs when people suck in air subconsciously and it hangs out in the esophagus before needing to be released again into the wild. This is known as supragastric belching. It's less common than the more typical gastric belching, in which people swallow excess air that lands in the stomach before traveling back upward from there.

The distinction is important because we can treat them differently. Supragastric belching often starts out as voluntary but can morph into a repetitive, automatic behavior that happens subconsciously.

Do you find that your burping can happen all the time, regardless of whether you've eaten anything? Does your partner notice it stop if you're really distracted or while you're sleeping? Those may be signs that you are experiencing supragastric belching.

The good news is that this type of burping responds well to cognitive behavioral therapy involving diaphragmatic breathing and adjustments to the mouth and tongue when you feel a burp coming.



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How to burp less

For those with gastric belching who wish to burp less frequently, there are a few interventions you can try by yourself:

- **Ditch the straws and stop chewing gum or smoking.** These behaviors increase the amount of air you swallow. Even sucking on hard candies like mints or lozenges can cause more burps down the line.
- **Slow down when you're eating.** If you gulp food down quickly, you can swallow more air than intended, and burp more at (and after) the dinner table.
- **Identify any food or beverage triggers.** Everyone responds differently to these, but several common culprits that aggravate belching are artificial sweeteners, carbonated beverages like soda or beer, beans, onions, fruits, lactose or legumes. But I caution my patients to always discuss a plan with a dietitian before significantly restricting their diet.
- **Treat your postnasal drip.** There haven't been conclusive investigations on this link, but it's a common theory that if you're unintentionally swallowing mucus from your nose and sinuses throughout the day, you're also taking in excess air.
- **Make sure your dentures fit.** Poorly fitted dentures can trap air leading to more burping.
- **Review your daily medicines.** Certain medications and supplements are associated with increased belching, such as fish oil supplements (this can occur in 28 percent of people, and in my experience, "fish burps" are the most common reason people stop taking them). Other common culprits include opioids, iron supplements or fiber supplements.
- **Try a medication to reduce stomach acid.** For some people, belching occurs alongside reflux and can improve with medications that suppress acid like proton pump inhibitors (these should be taken about 30 minutes before a meal to work optimally).

If you're still struggling, discuss your concerns with a gastroenterologist who may consider trying another medication or ordering a specialized test to better characterize your symptoms. Belching can occur with other gastrointestinal disorders like functional dyspepsia or *Helicobacter pylori* infection. So if this is a persistent issue with no clear trigger, it is worth investigating further.

What I want my patients to know

Some health concerns are not straightforward, and I never mind when my patients get a second opinion for any of their medical issues. In fact, often, I *am* the second (or third or fourth) opinion that a patient has sought, so don't feel like you need to hide it or be embarrassed about it. I'm always interested in knowing what my colleagues at other institutions may think — especially if they bring other ideas to the table that could help you!