STANDARD OPERATING PROCEDURE

Diagnosis and Management of Hiccup

Special Region (1)

Union of Myanmar

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Approved by: Internal Medicine

1. Purpose

To provide a standardized, evidence-based approach for the evaluation and management of hiccups.

2. Scope

Applicable to OPD, IPD, Emergency Department for adult patients.

3. Definition and Classification

Type	Duration	Clinical Significance
Acute	<48 hours	Usually benign
Persistent	48 hrs – 1 month	Needs evaluation
Intractable	>1 month	Likely pathology

4. AETIOLOGY

4.1 Gastrointestinal Causes (Most Common)

- Gastric distension
- Gastroesophageal reflux disease (GERD)
- Peptic ulcer disease
- Hepatic enlargement

4.2 CNS Causes

- Stroke
- Brain tumor
- Meningitis/encephalitis
- Multiple sclerosis

4.3 Cardiothoracic Causes

- Myocardial infarction
- Pneumonia
- Pleural effusion

- Mediastinal masses

4.4 Metabolic Causes

- Uremia
- Hyponatremia
- Hypocalcemia
- Hyperglycemia

4.5 Drug-Induced

- Steroids
- Benzodiazepines
- Chemotherapy agents (cisplatin)
- Opioids

4.6 Psychogenic

- Anxiety
- Stress

5. CLINICAL ASSESSMENT

5.1 History

- Duration (key classification)
- Triggering factors (food, alcohol, stress)
- Associated symptoms:
  - Neurological → headache, weakness
  - GI → reflux, dysphagia
  - Respiratory → cough, dyspnea
- Drug history

5.2 Examination

- Vital signs
- Neurological exam
- Chest exam

- Abdominal exam

6. INVESTIGATIONS

6.1 BASIC INVESTIGATIONS

CBC	Infection, anemia
Urea, creatinine	Renal failure
Electrolytes	Metabolic causes
LFTs	Hepatic pathology
Blood glucose	Hyperglycemia

6.2 TARGETED INVESTIGATION

CNS cause	CT/MRI brain
Pulmonary cause	Chest X-ray
GERD/PUD	Endoscopy (if available)
Cardiac	ECG, troponin

7. Management Summary

Step 1: Non-pharmacological measures (breath holding, cold water, Valsalva)

Step 2: Treat underlying cause

GERD	Proton pump inhibitors
Infection	Antibiotics
Electrolyte imbalance	Correction
CNS lesion	Specialist referral

Step 3: Pharmacological treatment (chlorpromazine, metoclopramide, baclofen)

First line

Chlorpromazine	25–50 mg PO/IV TDS
Metoclopramide	10 mg PO/IV TDS
Baclofen	5–10 mg TDS

Second Line

Gabapentin	100–300 mg TDS
Haloperidol	1–2 mg PO
Amitriptyline	10–25 mg at night

Third line / Refractory

- Phrenic nerve block
- Vagus nerve stimulation
- Acupuncture

8.REFERENES

1. Steger M, Schneemann M, Fox M. Systemic review: the pathogenesis and pharmacological treatment of hiccups. Aliment Pharmacol Ther. 2015;42(9):1037–1050.
2. Kolodzik PW, Eilers MA. Hiccups (singultus): review and approach to management. Ann Emerg Med. 1991;20(5):565–573.
3. Moretto EN, Wee B, Wiffen PJ, Murchison AG. Interventions for treating persistent and intractable hiccups in adults. Cochrane Database Syst Rev. 2013;(1):CD008768.
4. Friedman NL. Hiccups: a treatment review. Pharmacotherapy. 1996;16(6):986–995.
5. Wilcox SK, Garry A, Johnson MJ. Novel use of gabapentin for hiccups in palliative care. J Pain Symptom Manage. 2009;38(3):460–465.