1 Pt presents with new or repeat dyspepsia type symptoms

Quick info:

**Dyspepsia**
- Dyspepsia can be defined broadly to include patients with recurrent epigastric pain or discomfort, heartburn or acid regurgitation, with or without bloating, nausea or vomiting.
- Initial therapeutic strategies for dyspepsia are empirical treatment with a proton pump inhibitor (PPI) or testing for and treating **H. pylori**.

**Gastro-oesophageal reflux disease (GORD)**
- The predominant symptom of GORD is heartburn. Heartburn is a burning feeling rising from the stomach or lower chest towards the neck.
- This acid reflux is a common condition and patients are often anxious and need reassurance. Offer those with GORD full dose generic PPI for 4-8 weeks.

**Functional Dyspepsia – also known as non-ulcer dyspepsia**
- These patients have dyspepsia but have normal endoscopic findings.
- Acid suppressor drugs may be of little benefit as symptoms are not always acid related.
- The role of **H. pylori** remains controversial - eradication may benefit some patients

**Peptic Ulceration**
- Offer **H. pylori** eradication therapy to tested positive patients
- Stop the use of gastro-irritants where possible

2 Information resources for patients and carers

Quick info:

Patients and carers in England and Wales can access this pathway through NHS Choices at [http://healthguides.mapofmedicine.com/choices/map/dyspepsia1.html](http://healthguides.mapofmedicine.com/choices/map/dyspepsia1.html)
The following resources have been produced by organisations certified by The Information Standard:
- 'Indigestion' ([URL](http://www.bupa.co.uk/health_information/)) from BUPA at [http://www.bupa.co.uk/health_information/](http://www.bupa.co.uk/health_information/)
- 'Peptic ulcer' ([URL](http://www.bupa.co.uk/health_information/)) from BUPA at [http://www.bupa.co.uk/health_information/](http://www.bupa.co.uk/health_information/)
- 'Indigestion and excess acid' ([URL](http://www.medguides.medicines.org.uk)) from Datapharm at [http://www.medguides.medicines.org.uk](http://www.medguides.medicines.org.uk)
- 'Understanding NICE guidance: Dyspepsia' ([PDF](http://www.nice.org.uk)) from National Institute for Health and Clinical Excellence (NICE) at [http://www.nice.org.uk](http://www.nice.org.uk)
- 'Antacids' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'Duodenal Ulcer' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'Dyspepsia (Indigestion)' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'Dyspepsia in Pregnancy' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'H2 Blockers' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'Helicobacter Pylori & Stomach Pain' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'Non-ulcer (Functional) Dyspepsia' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'Proton Pump Inhibitors (PPI)' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)
- 'Stomach (Gastric) Ulcer' ([URL](http://www.patient.co.uk)) from Patient UK at [http://www.patient.co.uk](http://www.patient.co.uk)

Information for carers and people with disabilities is available at:
- 'Caring for someone' ([URL](http://www.direct.gov.uk)) from Directgov at [http://www.direct.gov.uk](http://www.direct.gov.uk)
- 'Disabled people' ([URL](http://www.direct.gov.uk)) from Directgov at [http://www.direct.gov.uk](http://www.direct.gov.uk)

Explanations of clinical laboratory tests used in diagnosis and treatment are available at 'Understanding Your Tests' ([URL](http://www.labtestsonline.org.uk)) from Lab Tests Online-UK at [http://www.labtestsonline.org.uk](http://www.labtestsonline.org.uk).

The Map of Medicine is committed to providing high quality health and social care information for patients and carers. For details on how these resources are identified, please see Map of Medicine Patient and Carer Information.

NB: This information appears on each page of this pathway.
Dyspepsia
Medicine > Gastroenterology > Dyspepsia

3 History and examination

Quick info:
• check for features suggestive of cardiac origin of pain:
  • association with exercise
  • radiation to arm
• take history of recent medication use, especially any which may be gastric irritant
• ask about symptoms suggestive of biliary tract disease:
  • association with food
  • rigors
  • change in colour of urine or stool
• abdominal examination should be performed to check for any masses or gall bladder tenderness

5 Alarm symptoms present?

Quick info:
Endoscopy (to investigate for malignancy) is indicated in:
• patients of any age with any of the following alarm signs:
  • gastrointestinal bleeding
  • progressive weight loss (unintentional)
  • dysphagia
  • persistent vomiting
  • iron deficiency anaemia
  • mass in epigastrium
• some guidelines recommend any patient over age 55 years with unexplained and persistent dyspepsia

References:

9 Endoscopy findings

Quick info:
Endoscopy should be undertaken promptly in all patients with alarm symptoms. Some guidelines also advise endoscopy for patients over 55 years of age who present with new onset dyspepsia without alarm symptoms. However, evidence for the value of the latter recommendation is weak.

11 Duodenal or gastric ulcer

Quick info:
• ulcer evident on endoscopy in:
  • duodenum
  • stomach

13 No abnormality

Quick info:
Dyspepsia

Medicine > Gastroenterology > Dyspepsia

- normal endoscopy

16 Urgent referral to specialist

Quick info:
Reference:

26 Functional dyspepsia

Quick info:
The large majority of patients will have functional dyspepsia often associated with irritable bowel symptoms and/or psychosocial factors. They do not usually respond to medication aimed at the gastrointestinal tract, although a small proportion may respond symptomatically to proton pump inhibition (PPI) or *H. pylori* eradication.
For most, management is based on explanation and reassurance.
Reference:
References

This is a list of all the references that have passed critical appraisal for use in the pathway Dyspepsia

ID Reference