

Referral Support Service

General Surgery

GS05

Upper GI topic: Dyspepsia

Definition

Dyspepsia refers to persistent or recurrent abdominal discomfort/pain located in the upper abdomen i.e. below the diaphragm present for at least 4 weeks.

Typical GORD symptoms are above the diaphragm featuring heartburn, sour taste, belching or regurgitation which are common 2 hours after a fatty/large volume meal. (If the symptoms and signs are more suggestive of GORD, please refer to the separate GORD referral guidelines.)

Exclude Red Flag Symptoms

Endoscopy (and hence secondary care referral) is not indicated for dyspepsia without alarm symptoms (red flags) or risk factors for cancer (1)

- Weight loss (unintentional)
- Iron deficiency anaemia
- Vomiting – persistent
- Dysphagia
- Evidence of GI bleeding (blood loss from upper GI tract is a prokinetic agent so may be reflected in change in bowel habit and/or stool colour change.
- Epigastric mass
- Patients aged over 55 with **unexplained, persistent** and **recent** onset dyspepsia***

- ***Unexplained = No obvious reason found in the history for dyspepsia
- ***Persistent = Continuation of symptoms/signs beyond a period that would normally be associated with self-limiting problems (usually regarded as 4-6 weeks)
- ***Recent = New onset and not recurrent symptoms.

Risk factors for cancers: In addition to the red flags above, a lower threshold for referral is suggested in those with a history of Barrett's oesophagus, pernicious anaemia, intestinal dysplasia, peptic ulcer surgery or a family history of upper GI cancer.

Management

The incidence of upper GI cancer in those under the age of 55 years without red flags is 1 per million population per year (2).

The majority of cases of dyspepsia can be treated in primary care.
Long term PPI use is safe (but should be used at the minimum effective dose).

Review medications, in particular:

- NSAIDS
- Aspirin
- SSRI's
- Calcium antagonists
- Nitrates
- Bisphosphonates
- Corticosteroids
- Theophyllines

Lifestyle advice

Weight optimization, exercise, reduce ETOH, stop smoking, exclude food triggers (citrus, white bread etc.), review OTC alginate/antacid use.

USS if history more suggestive of pancreatic or biliary origin.

H. Pylori (HP) status

Once the above has been reviewed NICE suggests **either** giving empirical treatment with PPI **or** testing and treating for HP as there was insufficient evidence to choose between the 2 approaches.

However, more recent evidence from the HPA guidance highlights the falling prevalence of HP in developed countries (15% western European compared to 40% North African patients (2007 data)) (3). From these data they suggest we should be offering empirical PPI treatment as first step whilst considering a lower threshold for testing for patients from developing countries. In addition the HPA suggests not testing patients with GORD or children with functional dyspepsia.

Test using stool antigen test (SAT) (sensitivity 91%, specificity 93%) (no antibiotics 4 weeks prior to test and no PPI for 2 weeks prior)

HPA recommend only re-testing if:

- Compliance of treatment has been poor
- The patient has a History of complicated peptic ulcer disease or strong Family history of cancer
- Patients require aspirin when PPI not being prescribed
- Patients with recurrent severe symptoms

Wait at least 4 weeks before re-testing

Causes of dyspepsia

- Functional dyspepsia 50%
- Endoscopy negative reflux 20%
- Oesophagitis 20%
- Peptic ulcer disease 10%
- Malignancy and Barret's (1% and 2%, respectively)

Referral Information

Information to include in referral letter

- Details of primary care management to date
- [Relevant past medical / surgical history](#)
- [Current regular medication](#)
- [BMI/ Smoking status](#)

Investigations prior to referral

- FBC, U&E, LFT's, HP status (if indicated as above)
- USS if history suggestive of biliary/pancreatic involvement

Patient Information Leaflets/ PDAs

[http://www.patient.co.uk/health/Dyspepsia-Non-ulcer-\(Functional\).htm](http://www.patient.co.uk/health/Dyspepsia-Non-ulcer-(Functional).htm)

<http://www.patient.co.uk/health/dyspepsia-indigestion>

<http://www.patient.co.uk/health/Helicobacter-Pylori-and-Stomach-Pain.htm>

References:

- (1) NICE. Dyspepsia: Management of dyspepsia in adults in primary care. London: NICE 2004
- (2) BMJ. 10 minute consultation – Dyspepsia, 2011; 343: 6234.
- (3) http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947419406
- (4) <http://rms.kernowccg.nhs.uk/>