West Herts dyspepsia

Medicine > Gastroenterology > Dyspepsia

Map of Medicine
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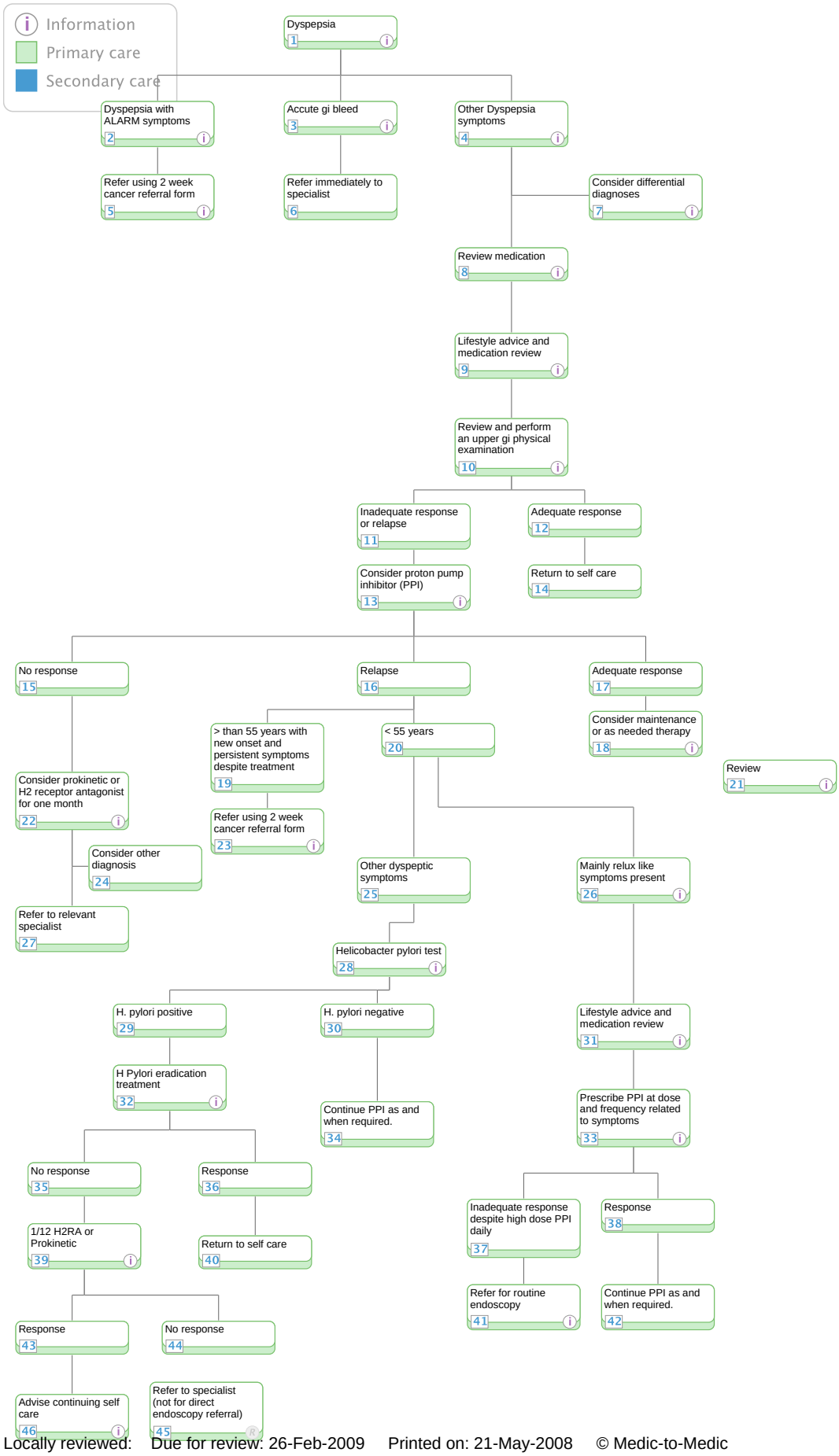

Locally reviewed: Due for review: 26-Feb-2009 Printed on: 21-May-2008

IMPORTANT NOTE
Locally reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.

West Herts dyspepsia

1 Dyspepsia

Quick info:

Scope:

- primary care assessment and management of dyspepsia in adults, indications for referral for endoscopy and further specialist management

Definition:

- this pathway uses a broad, inclusive definition of dyspepsia:
  - upper abdominal pain or discomfort
  - heartburn
  - acid reflux
  - nausea
  - vomiting
- present for at least 4 weeks

Prevalence:

- pooled prevalence from studies in Europe, Australia and the USA is 34%
- findings in patients referred for endoscopy:
  - normal or minor changes (60%)
  - oesophagitis (19%)
  - gastric (see image of X-ray – gastric ulcer), duodenal and/or peptic ulcer (13%)
  - gastric and/or oesophageal cancer (3%) (see images of oesophageal cancer and X-ray – oesophageal cancer)
  - miscellaneous (5%)

Reference:

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

2 Dyspepsia with ALARM symptoms

Quick info:

Anemia

Loss of weight

Anorexia

Recent onset of progressive symptoms

Melaena or Haematemesis

Swallowing difficulties

3 Accute gi bleed

Quick info:

If ALL the following symptoms are present:

- recent onset of dyspepsia
- persistant symptoms in spite of treatment (most days > 4-6 weeks)
- unexplained ie by lifestyle changes, medication, etc

4 Other Dyspepsia symptoms

Quick info:

- routine endoscopy is not indicated in patients under age 55 years if there are no alarm symptoms
- NB: endoscopy (to be undertaken within 2 weeks, to investigate for malignancy) is indicated in the following circumstances:
  - patients of any age with any of the following alarm signs:
    - chronic gastrointestinal bleeding
    - progressive weight loss (unintentional)
    - progressive difficulty swallowing

- persistent vomiting
- iron deficiency anaemia
- mass in epigastrium
- suspicious barium meal
- Unexplained by lifestyle

- any patient over age 55 years with unexplained and persistent recent onset dyspepsia

5 Refer using 2 week cancer referral form

Quick info:

Click here for a West Herts 2 week cancer referral form

Note: Barium swallow not recommended prior to referral.

7 Consider differential diagnoses

Quick info:

- cardiac disease
- biliary disease
- irritable bowel syndrome
- musculo-skeletal pain

IBS/NUD Note: functional gut symptoms may manifest as dyspepsia with abdominal bloating and IBS like symptoms without necessarily a change in bowel habit.

8 Review medication

Quick info:

- consider antacid and/or alginate therapy for immediate symptom relief on an as needed basis
- review medications that may cause dyspepsia
- consider whether the following may be reduced or stopped:
  - NSAIDs
  - aspirin
  - calcium antagonists
  - nitrates
  - theophyllines
  - bisphosphonates
  - steroids

References:

Ofman JJ, Maclean CH, Straus WL et al. Meta-analysis of dyspepsia and nonsteroidal anti-inflammatory drugs. Arthritis Care Res 2003; 49: 508-18.

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

9 Lifestyle advice and medication review

Quick info:

- advise patient to avoid triggers they associate with dyspepsia, such as:
  - smoking
  - alcohol
  - coffee
  - chocolate
  - fatty foods

- advise patient on weight reduction, being overweight may cause dyspepsia
- raising the head of the bed and not eating close to bedtime may reduce dyspepsia symptoms in some people

10 Review and perform an upper gi physical examination

Quick info:

- review upper gastrointestinal tract symptoms:
  - upper abdominal pain or discomfort
  - heartburn
  - acid reflux
  - nausea
  - vomiting

13 Consider proton pump inhibitor (PPI)

Quick info:

There is currently inadiquate evidence to guide whether full-dose PPI for 1 month or *H. pylori* test and treat should be offered first.

Either treatment may be tried forst with the other being offered if symptoms persist or return.

Consider any of the following:

- omeprazole
- esomeprazole
- lansoprazole
- pantoprazole
- rabeprazole

NB: If prevalence of *Helicobacter pylori* is high in population, consider testing for *H. pylori* before empirical treatment with proton pump inhibitor (PPI).

References:

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

Institute for Clinical Systems Improvement (ICSI). Dyspepsia and GERD. Bloomington, MN: ICSI; 2004.

Delaney BC, Moayyedi P, Forman D. Initial management strategies for dyspepsia. Cochrane Database Syst Rev 2003; CD001961.

Talley NJ, Vakil N. Guidelines for the management of dyspepsia. Am J Gastroenterol 2005; 100: 2324-37.

18 Consider maintenance or as needed therapy

Quick info:

- offer low dose prokinetic or H2 receptor for a limited number of prescriptions
- advise patient that low dose prokinetic or H2 receptor may be taken regularly or as needed to manage symptoms
- if low dose proton pump inhibitor (PPI) is not adequate to control symptoms, consider referral to specialist

Reference:

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

21 Review

Quick info:

- review upper gastrointestinal tract symptoms:
  - upper abdominal pain or discomfort
  - heartburn

- acid reflux
- nausea
- vomiting

22 Consider prokinetic or H2 receptor antagonist for one month

Quick info:

- if proton pump inhibitors (PPIs) have not controlled symptoms in people who are *H. pylori* negative, consider switching to a regular prokinetic or H2 receptor antagonist
- prokinetic:
  - domperidone
  - metoclopramide
- H2 receptor antagonist:
  - ranitidine
  - cimetidine
  - famotidine
  - nizatidine

References:

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

Delaney BC, Moayyedi P, Forman D. Initial management strategies for dyspepsia. Cochrane Database Syst Rev 2003; CD001961.

23 Refer using 2 week cancer referral form

Quick info:

Click here for a West Herts 2 week cancer referral form

Note: Barium swallow not recommended prior to referral.

26 Mainly relux like symptoms present

Quick info:

Retrosternal burning pain and

Acid regurgitation

28 Helicobacter pylori test

Quick info:

For patients with dyspeptic symptoms who have had a course of full dose proton pump inhibitor therapy, a 'test and treat' strategy (before endoscopy) may be offered:

- *Helicobacter pylori* is associated with non-ulcer dyspepsia and peptic ulcer disease
- *H. pylori* can be detected using:
  - carbon-13 urea breath test
  - Prescribe Diabact - STOP PPIs 2 weeks and antibiotics 4-week before test

References

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

Talley NJ, Vakil N. Guidelines for the management of dyspepsia. Am J Gastroenterol 2005; 100: 2324-37.

31 Lifestyle advice and medication review

Quick info:

- **advise patient on weight reduction, being overweight may cause dyspepsia.**
- advise patient to avoid triggers they associate with dyspepsia, such as:
  - smoking
  - alcohol
  - coffee
  - chocolate
  - fatty foods
- raising the head of the bed and not eating close to bedtime may reduce dyspepsia symptoms in some people
- Maintenance dose PPI - intermittant or daily

32 H Pylori eradication treatment

Quick info:

Maintenance

High dose

Low dose

low dose PPI

1 month H^2 RA or Prokinetic

33 Prescribe PPI at dose and frequency related to symptoms

Quick info:

- offer low dose prokinetic or H2 receptor for a limited number of prescriptions
- advise patient that low dose prokinetic or H2 receptor may be taken regularly or as needed to manage symptoms
- if low dose proton pump inhibitor (PPI) is not adequate to control symptoms, consider referral to specialist

Reference:

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

39 1/12 H2RA or Prokinetic

Quick info:

- review upper gastrointestinal tract symptoms:
  - upper abdominal pain or discomfort
  - heartburn
  - acid reflux
  - nausea
  - vomiting

41 Refer for routine endoscopy

Quick info:

Barium swallow not required prior to referral

Do not use 2 week referral form

46 Advise continuing self care

Quick info:

- Prokinetic should not be given for longer than 2 months.
- advise patient to avoid triggers they associate with dyspepsia, such as:
  - smoking
  - alcohol
  - coffee
  - chocolate
  - fatty foods
- advise patient on weight reduction, as being overweight may cause dyspepsia
- raising the head of the bed and not eating close to bedtime may reduce dyspepsia symptoms in some people
- consider antacid and/or alginate therapy for immediate symptom relief on an as needed basis
- consider avoiding medications that may cause dyspepsia:
  - NSAIDs
  - calcium antagonists
  - nitrates
  - theophyllines
  - bisphosphonates
  - steroids
- advise patient to consult again if symptoms return despite these measures

Reference:

National Institute for Health and Clinical Excellence (NICE). Dyspepsia: management of dyspepsia in adults in primary care. London: NICE; 2004.

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Key Dates

Due for review: 26-Feb-2009
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