

Gastroenterology GP MasterClass2

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Dyspepsia

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HCCG

Dyspepsia

- **Persistent* Dyspepsia**
- **Age :Any Age**
- **Persistence** ∴ Defined as
- More than 4-6 weeks, despite HP Eradication and course of PPI

Dyspepsia

Dyspepsia



Consider:

- Cardiac
- Biliary
- Pancreas
- Bowel
- Medication¹



No Endoscopy Indicated?

CONSIDER FOLLOWING STEPS SEQUENTIALLY

Aim to step-down treatment to minimum required at each stage according to symptom response

Previously Investigated Dyspepsia

Manage according to previous endoscopy findings

Lifestyle Advice

Healthy eating, weight loss, smoking cessation, reduce ETOH/caffeine/chocolate/fatty food/stress, trial of alginates/antacids, raising head of bed etc..

Full dose PPI Therapy for 1 month

(For typical GORD symptoms with no or partial response consider double-dose PPI for 1 month)

Test and Treat for Helicobacter

Stop PPI for 2 weeks, Stool Antigen or Breath Test

Eradicate with:

PPI + Amoxicillin 1g bd + Clarithromycin 500 bd OR

PPI + Metronidazole 400 tds + Clarithromycin 250 bd

Trial of H2RA and/or Prokinetic

Some patients respond to H2RAs better than PPIs
H2RA (Ranitidine 300mg nocte) and/or prokinetic
(e.g. Domperidone 10mg tds) can be a useful
adjunct in difficult reflux or nocturnal symptoms

NO RESPONSE?

Diagnosis is likely to be functional dyspepsia
Routine referral for endoscopy (via NWL Direct
Access Form) MAY be appropriate in a minority to
clarify diagnosis and allay patient anxiety

Endoscopy Indicated

Acute Upper GI Bleed

Urgent same day referral to the Medical Registrar
on-call at Hillingdon Hospital via switchboard

Endoscopy Indicated

ALARM Symptoms

Urgent referral via 2 Week-Wait Pathway

- Progressive Dysphagia
- Progressive unintentional weight loss
- Abnormal Radiology
- Iron Deficiency Anaemia
- Persistent Vomiting
- Epigastric Mass
- Evidence of GI blood loss

Endoscopy indicated

Persistent* Dyspepsia Age >55

*For > 4-6 weeks, despite HP Eradication and PPI

WHICH is unexplained and of recent onset

OR, for worsening dyspepsia with:

- Previous Gastric Ulcer or Surgery
- Recent/Continuing NSAIDs
- Raised Risk for Gastric Cancer²
- Anxiety about Cancer

Routine endoscopy referral by NWL Direct Access

Consider urgent 2WW referral if clinical concern

Endoscopy Indicated

Persistent* Dyspepsia Any Age

*For > 4-6 weeks, despite HP Eradication and PPI

With a History of:

- Barrett's
- Recent/Continuing NSAIDs
- Raised Risk for Gastric Cancer²

Routine Endoscopy Referral by NWL Direct Access

Risks of Gastric CA

² Known dysplasia, atrophic gastritis, intestinal metaplasia, pernicious anaemia, > 20 years since gastric surgery, smoker or ex-smoker. strong family history gastric cancer

