Presentation of Dyspepsia

Differential diagnosis of dyspepsia
• Peptic ulcer disease (PUD)
• Oesophagitis/Gastritis
  ○ Alcohol; NSAIDs; stress
  ○ Hiatus hernia
  ○ Barrett's oesophagus
• GORD (Gastro-Oesophageal Reflux Disease)
• Malignancy
• Oesophageal spasm
• Biliary causes
• Other causes of upper abdominal pain
  ○ Angina; AAA; musculoskeletal; pancreatitis

History of dyspepsia
• Presenting complaint
  ○ Upper abdominal pain/discomfort
  ○ Bloating
  ○ Nausea/vomiting
  ○ Association with eating/opening bowels
  ○ Early satiety
  ○ Positional element
• ALARMS symptoms: think malignancy
  ○ Anaemia
  ○ Loss of weight
  ○ Anorexia
  ○ Recent progression
  ○ Malaena or haematemesis
  ○ Swallowing difficulty (dysphagia)
• Past medical history
  ○ Previous gastric/GI malignancy
  ○ Previous gastric surgery
• Medications
  ○ NSAIDS
  ○ Corticosteroids
  ○ Bisphosphonates
  ○ PPIs and compliance/length of treatment
  ○ Antacids
• Family history
  ○ Gastric or other GI malignancy
  ○ Iron deficiency anaemia
• Social history
  ○ Smoking
  ○ Alcohol

Examination of dyspepsia

- Signs of anaemia
- Cachexia
- Lymphadenopathy (check for Virchow's node)
- Abdominal tenderness in epigastrium/right upper quadrant
- Abdominal mass

Initial management of dyspepsia: see NICE guidance for further details

- Lifestyle advice
    - Weight loss; smoking cessation; avoid precipitants; raise the head of the bed; don't eat late at night
    - Stop NSAIDs/Bisphosphonates/steroids
    - Use of antacids (eg. Gaviscon, Peptac) PRN.
- Trial of full-dose proton pump inhibitor (PPI) for 4-8 weeks for patients with GORD symptoms.
- Offer antihistamine therapy (e.g. Ranitidine 150mg once –twice daily) if inadequate response to PPI.
- Test for Helicobacter pylori (H. pylori) if symptoms persist. Allow a 2 week washout period after stopping the PPI.
    - Treat H. pylori if positive or if endoscopic evidence of PUD
    - Eradication therapy with e.g. Amoxicillin 1g twice daily and Clarithromycin 500mg twice daily plus full-dose PPI for 7 days.
    - If allergic to penicillin then substitute Clarithromycin 250mg and Metronidazole 400mg both twice daily.
- Upper GI endoscopy if symptoms persist despite above

Further management of dyspepsia

- Urgent (within 2 weeks) upper GI endoscopy if:
    - ALARMS symptoms present
    - Age < 55
    - High risk i.e. previous gastric surgery; FHx gastric malignancy

Common questions concerning dyspepsia

- What are the risk factors for gastric malignancy?
    - Smoking; excess alcohol consumption; previous gastric surgery; PUD; FHx gastric malignancy
- What is Barrett's oesophagus?
    - Metaplasia of the lower oesophagus from squamous to columnar cells. It is considered a premalignant condition for oesophageal carcinoma.