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.