**Family and community medicine Dept.**

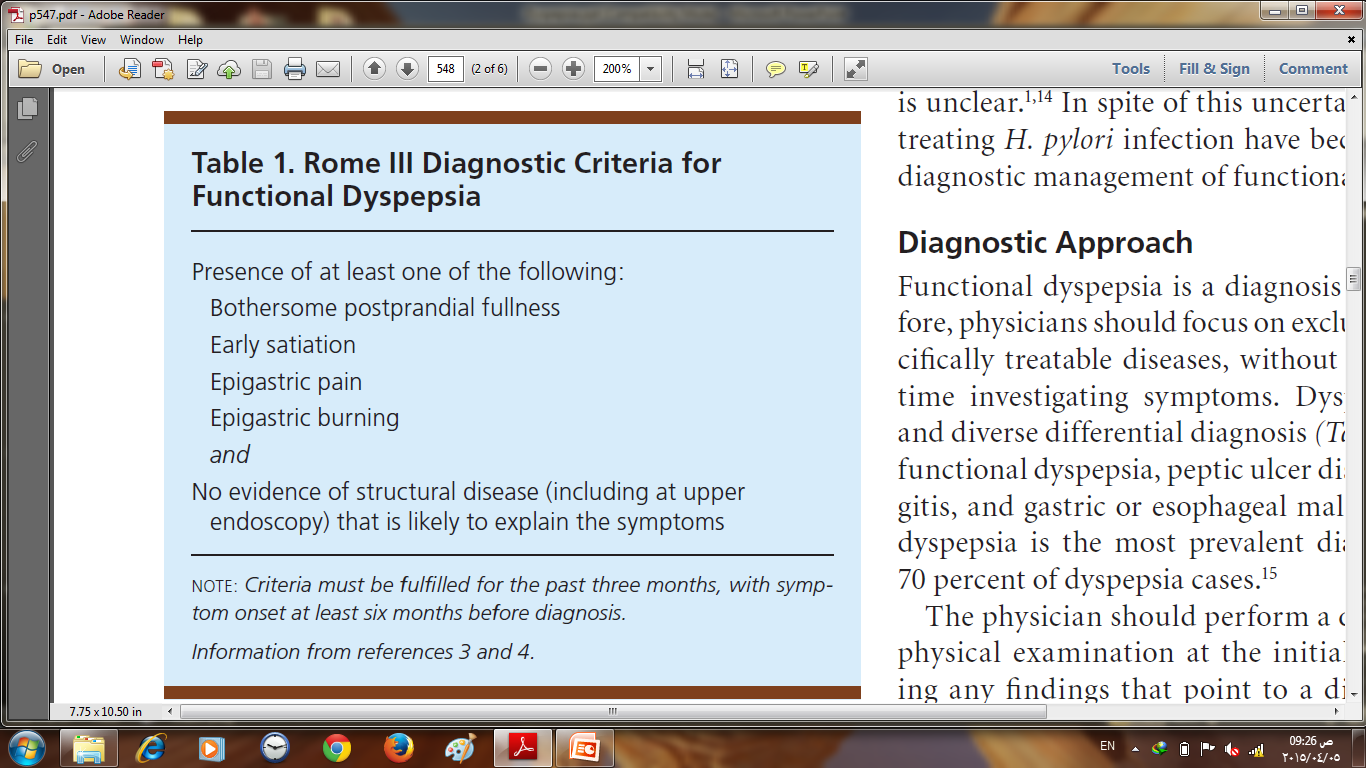
**Approach to patient with dyspepsia in Family medicine**

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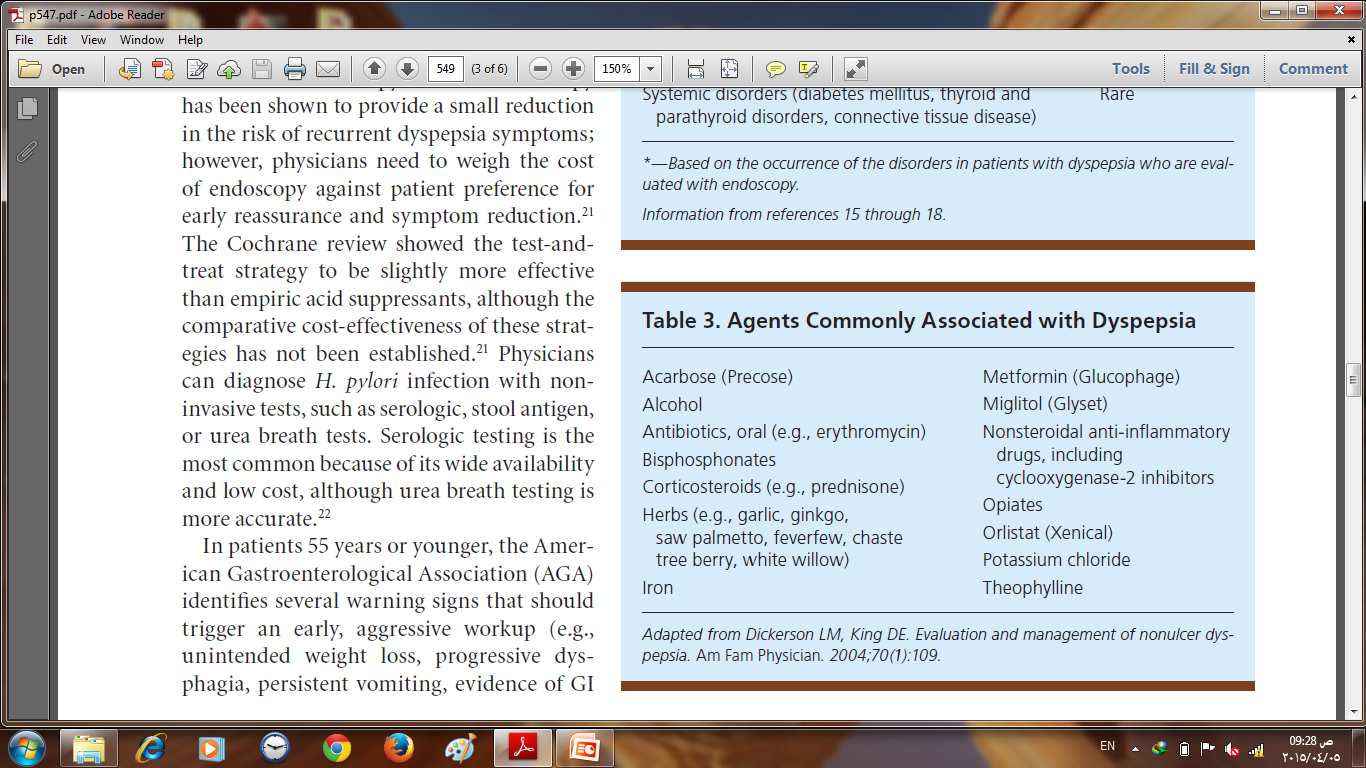
**Dyspepsia**

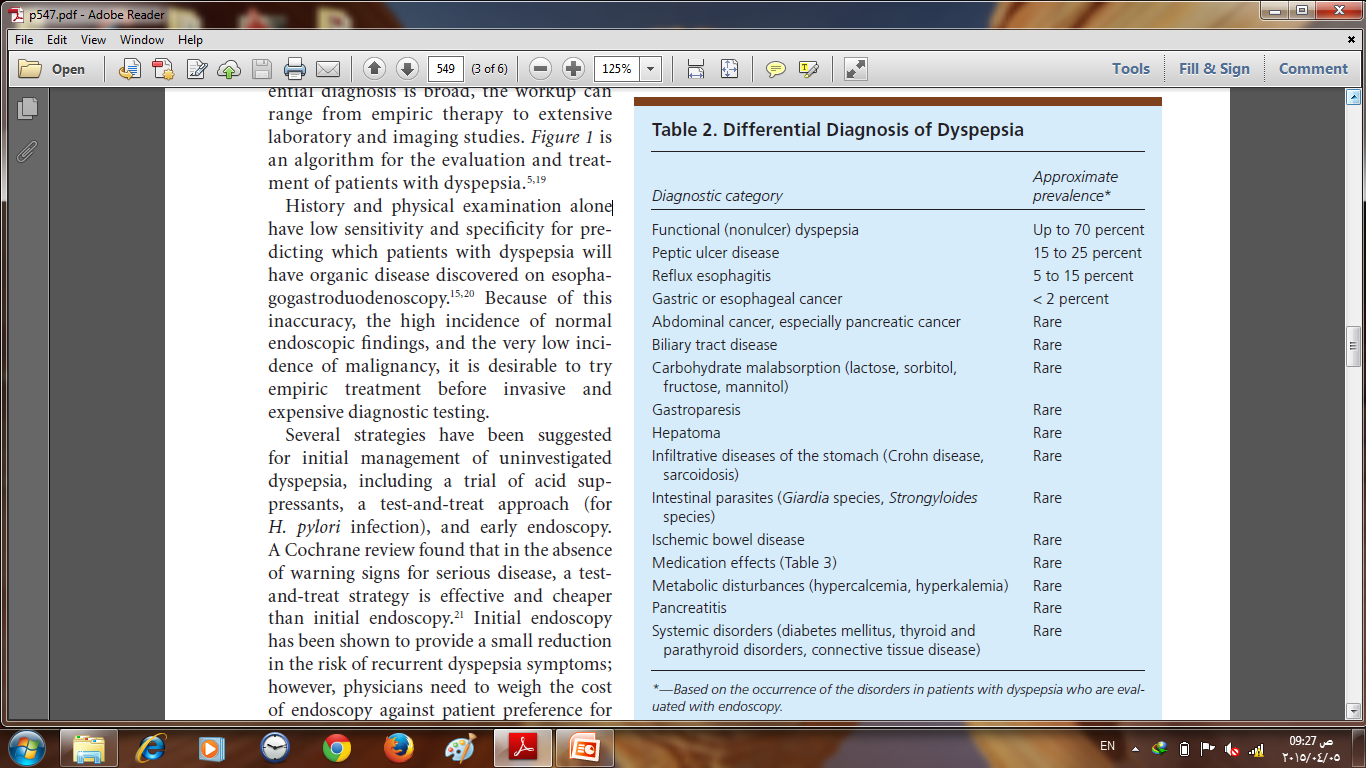
(“Bad digestion”) accounts for approximately 5% of all visits to family practitioners and is the most common reason for referral to a gastroenterologist, accounting for 20% to 40% of consultations.

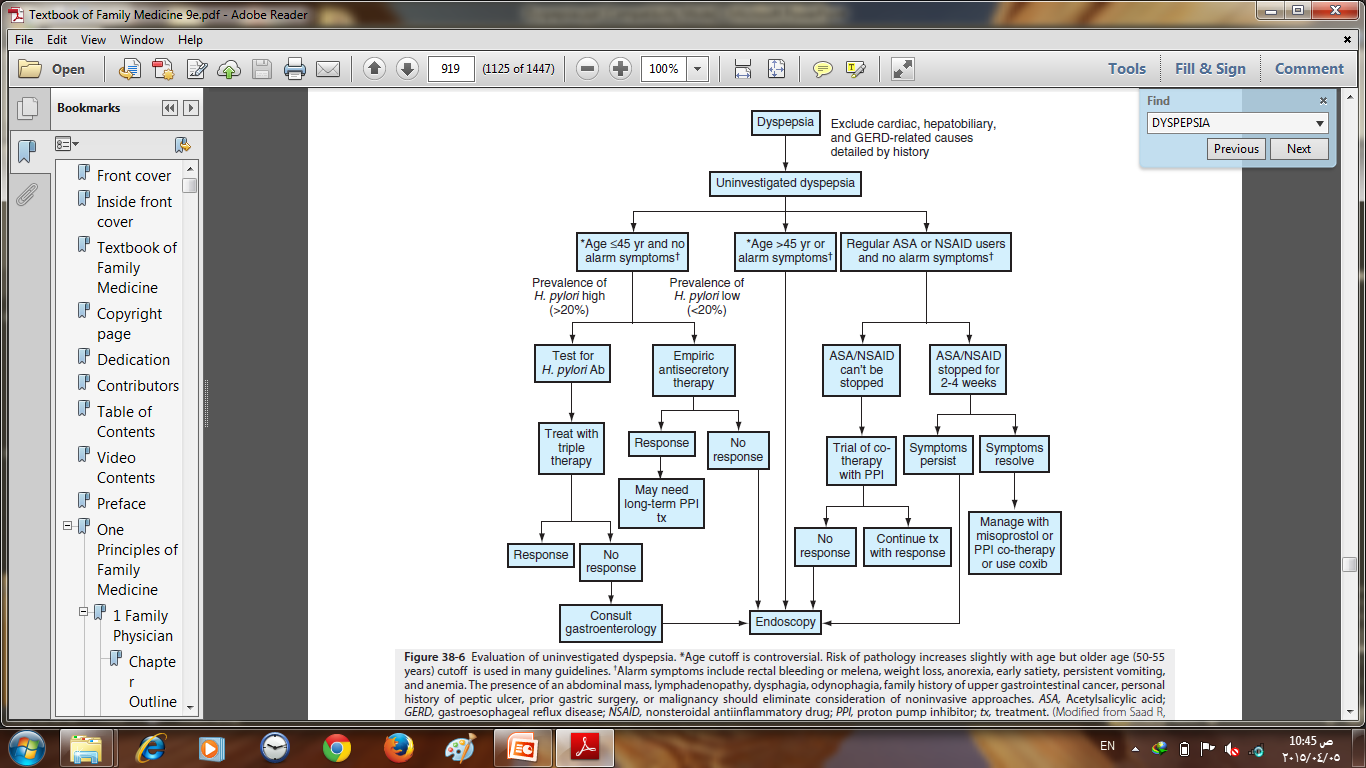
**The term *dyspepsia refers to episodic or* recurrent pain or discomfort arising from the proximal GI tract related to meals and is associated with heartburn, reflux, regurgitation, indigestion, bloating, early satiety, and weight loss.**



* These criteria should be fulfilled for the last three months with symptom onset at least six months before diagnosis.
* Two subcategories (postprandial distress syndrome and epigastric pain syndrome) were also recognized but their main value lies currently in research.







**In addition to age, the following "alarm symptoms" raise the suspicion of gastric malignancy :**

* **Unintended weight loss**
* **Persistent vomiting**
* **Progressive dysphagia**
* **Odynophagia**
* **Anemia Hematemesis**
* **Palpable abdominal mass or lymphadenopathy**
* **Unexplained iron deficiency anemia**
* **Persistent vomiting Family history of upper gastrointestinal cancer Previous gastric surgery Jaundice**

**First Approach to Dyspepsia**

Consider possible causes outside upper GI tract -Heart, lung, liver, gall bladder, pancreas, bowel Consider drugs and stop if possible - Aspirin / NSAIDs, calcium antagonists, nitrates, theophyllines, etidronate, steroids

**Rx of H. Pylori**

One week **triple therapy** \*

* PPI (full dose) e.g. omeprazole 20mg bd
* Clarithromycin 500mg bd
* Amoxycillin 1g bd

(or Metronidazole 500mg bd)

Use a carbon-13 urea breath test, stool antigen test or, when performance has been validated, laboratory based serology.

If re-testing for H. pyloriuse a carbon-13 urea breath test.\*

**Helicobacter pylori infection**

H. pylori is a well known cause of chronic active gastritis. However, gastritis is probably not the cause of symptoms in most patients with functional dyspepsia.

A consistent link between findings on endoscopy and dyspepsia has not been found

* However, most studies have not found an association between H. pylori and abnormal gastric motor function in patients with functional dyspepsia.
* In one report, for example, the gastric function of 27 patients with functional dyspepsia and H. pylori infection was compared to that of 38 uninfected patients with functional dyspepsia .

Medications that might contribute to symptoms (such as NSAIDs) should be substituted or discontinued whenever possible.

Drug therapy, which is based upon the putative pathogenesis mechanisms described above, may help some patients. Several systematic reviews

We generally use a tricyclic antidepressant drug or trazadone, starting with a low dose (eg, [amitriptyline](http://embedded/utod/utd?type=4&displaytype=1&file=drug_a_k/14215&drug=true) 10 mg at bedtime, [desipramine](http://embedded/utod/utd?type=4&displaytype=1&file=drug_a_k/73665&drug=true) 25 mg at bedtime, or trazadone 25 mg at bedtime) and increasing after a few days, usually to only two or three times these doses.

* Prokinetics can occasionally help. However, access to [cisapride](http://embedded/utod/utd?type=4&displaytype=1&file=drug_a_k/58973&drug=true) is highly restricted in USA and many other countries.
* [Domperidone](http://embedded/utod/utd?type=4&displaytype=1&file=drug_a_k/182873&drug=true) is not marketed in USA and [metoclopramide](http://embedded/utod/utd?type=4&displaytype=1&file=drug_l_z/165291&drug=true) often causes side effects.
* We generally limit a trial of metoclopramide (5 to 10 mg three times daily one-half an hour before meals and at night for about four weeks) to young patients in whom other therapies have failed.
* Herbal therapies continue to be investigated; we do not use them.

**Case history**

A 32-year-old woman presents with 3 years of intermittent

GI complaints after eating. She describes epigastric pressure and bloating after food intake.

Her weight is stable. She denies heartburn, vomiting, diarrhea, She only takes a Multivitamin and she has not tried any specific remedies. The physical examination is normal.

**What is the MOST LIKELY diagnosis given theinformation above?**

A) Pyrosis.

B) Peptic ulcer disease (PUD).

C) Non ulcer dyspepsia.

D) Stomach cancer.nstipation, or blood in her stools. She only

**Which of the following symptoms WOULD**

**NOT be a normal symptom of nonulcer**

**dyspepsia?**

A) Fullness.

B) Early satiety.

C) Belching.

D) Intolerance to eggs.