

# DYSPEPSIA

## ALARM Symptoms?

*Progressive dysphagia*

*Epigastric mass*

*Progressive unintentional weight loss*

*Iron deficiency anemia (kindly refer to IDA referral guidance)*

*GERD not responding to 8weeks regular PPI*

NO

YES - Refer

Patients under age 55 with no alarm features:

Initial approach

- 1) Lifestyle advice: avoid smoking, alcohol, caffeine, spicy food, fried foods. Avoid large meals prior to bedtime. Avoid lying down immediately after consuming heavy meal. Weight loss.
- 2) Medication review: NSAIDs/ Steroids, Aspirin, Bisphosphonates, Calcium antagonists
- 3) Bloods including coeliac screen
- 4) H. pylori stool test -available on isoft as Helicobacter RT-PCR under consultant  
Take off PPI for two weeks- treat with triple therapy if positive, and re-test 4weeks after completion of treatment to ensure eradication.
- 5) If H.pylori stool test negative: full dose PPI

REFER IF:

- 1) ALARM SYMPTOMS
- 2) Patients over age 55 with :

new, persistent and unexplained dyspepsia

or

unexplained, worsening dyspepsia and history of Barrett's oesophagus, intestinal metaplasia/ dysplasia, peptic ulcer disease, atrophic gastritis

\*For urgent referrals, discuss with Gastroenterology on-call

Reference:

- 1) 2013. *Gastroenterology Referral Guidance*. 1st ed. [ebook] NHS Hounslow CCG: NHS, pp.3-7. Available at: <[https://www.thh.nhs.uk/gp/pathology/Gastroenterology\\_Referral\\_Guidance\\_v4\\_May2013.pdf](https://www.thh.nhs.uk/gp/pathology/Gastroenterology_Referral_Guidance_v4_May2013.pdf)> [Accessed 4 April 2022].