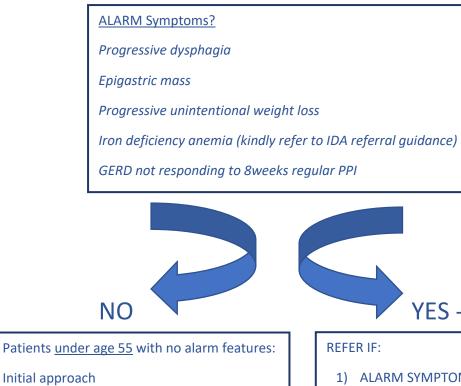
## **DYSPEPSIA**



- 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

## **YES - Refer**

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

new, persistent and unexplained dyspepsia

## <u>or</u>

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. <https://www.thh.nhs.uk/gp/pathology/Gastroenterology\_Referral\_Guidance Available at: \_v4\_May2013.pdf> [Accessed 4 April 2022].