

Dyspepsia Referral Guideline

Diagnosis/Definition

A chronic or recurrent pain or discomfort in the upper abdomen. It can include early satiety, bloating, upper abdominal fullness, nausea, or indigestion.

Diagnosis and Management

In patients aged 55 yr or younger with no alarm features the clinician may consider two equivalent management options:

- Test and treat for H.pylori using a noninvasive test and a trial of acid suppression if eradication is successful but symptoms do not resolve.
- or
- An empiric trial of acid suppression with a proton-pump inhibitor (PPI) for 4-8 weeks.

Screening for H.pylori (Nonendoscopic Diagnostic Tests)

- Serum antibody testing (IgG). Good test for screening but should not be used to test for eradication.
- Fecal antigen test. Reliable test for screening and to test for eradication.
- Urea Breath Test (Nuclear Medicine). Reliable test for screening and to test for eradication.
- Hold PPIs for 1- 2 weeks before testing to increase yield.
- Test to prove H.pylori eradication at least 4 weeks after completion of therapy.

Indications for Referral to Gastroenterology for Upper Endoscopy (EGD)

- New onset dyspepsia in patient > 55 yrs old
- Any patient with dyspepsia and alarm features such as bleeding, anemia, early satiety, unexplained weight loss, progressive dysphagia, odynophagia, persistent vomiting, family history of gastric cancer, previous esophagogastric malignancy, previous peptic ulcer, lymphadenopathy, or an abdominal mass.
- Patients with dyspepsia < 55 yr old who have failed to respond to treatment for H.pylori or an empiric trial of acid suppression with a proton pump inhibitor for 4-8 weeks.

Ongoing Management and Objectives

- After the patient has been evaluated by Gastroenterology, a repeat EGD is not recommended once a firm diagnosis of functional dyspepsia has been made, unless completely new symptoms or alarm features develop.