Barnsley Hospital NHS
NHS Foundation Trust

The University Of Sheffield.

Dyspepsia

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Learning outcomes

- Definition and causes of dyspepsia.
- How to investigate dyspepsia.
- Indications for urgent and non-urgent endoscopy.
- Red flag symptoms that may indicate malignancy.

Introduction

- Common.
- 40% of adults in UK.
- 4% of GP consultation.
- Significant cost to the NHS.
- Increase use of endoscopy.

Wallander AM et al. Dyspepsia in general practice, incidence, risk factors, comorbidites And mortality. Fam Prac 2007,vol 24(2).

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Definition

"..a vague sensation of fullness after eating very little and very occasional sensation of food getting stuck…the only thing I can liken it to was the feeling I used to get as a kid after taking too big a gulp of fizzy pop…"

My cancer diary / My cancer diary: 'One of the most difficult days'

The Radio 4 broadcaster Steve Hewlett continues his diary of his struggle with disease and gets reacquainted with a painful 'old friend' – kidney stones

theguardian

Definition

- What is dyspepsia?
- “bad digestion”…

Epigastric discomfort	Early satiety	Bloating	Indigestion
Heartburn	Nausea	Fullness	Acidy taste
Vomiting	Upset stomach	Queasiness	belching

Definition

NICE quality standard [QS96]

Dyspepsia pain or discomfort in the upper abdomen, including upper abdominal fullness, early satiety, belching, bloating, and nausea and/or vomiting

Functional presence of gastroduodenal symptoms in the absence of any organic, metabolic, or systemic disease to explain them.

Dyspepsia and gastro-oesophageal reflux disease in adults: investigation and management July 2015

Types of Dyspepsia

Endoscopy,etc

Dyspepsia

70%

Organic

GORD, PUD,Drugs,etc

Functional

Postprandial distress syndrome PDS

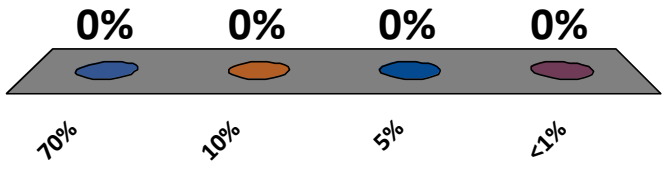
Epigastric pain syndrome EPS

Causes of Dyspepsia

- Peptic ulcer disease
- Upper GI malignancy
- Gastro-oesophageal reflux disease
- Hiatus hernia
- Coeliac disease
- Crohn's disease
- Gastroparesis
- Medications
- Functional

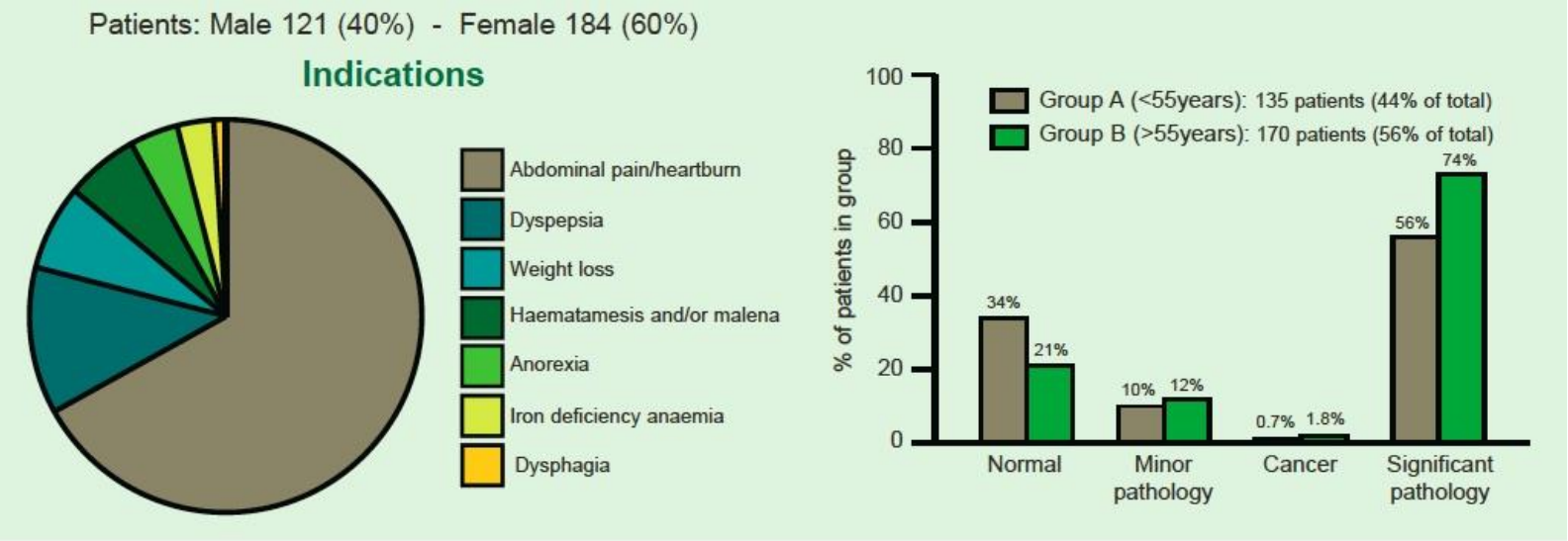
How common is malignancy?

A. 70%
B. 10%
C. 5%
D. <1%



How common is malignancy?

- <1% upper GI malignancy
- 70-80% have normal endoscopy
- 5-10% PUD



1-Ford AC et al, What is the prevalence of clinically significant Endoscopic findings in subjects with dyspepsia? Systematic review and Meta-analysis. Clin Gastroentrol Hepatol 2010;8:830-7

2- Open access gastroscopy. Poster presentation, UEGW 2009

NICE Guidelines 2015

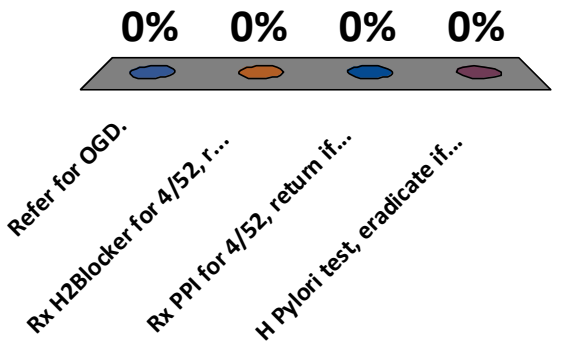
	List of quality statements
Statement 1	Adults with dyspepsia or reflux symptoms who present to community pharmacists are given advice about making **lifestyle changes**, using over-the-counter medicines and when to consult their GP.
Statement 2	Adults presenting with dyspepsia or reflux symptoms are referred for urgent direct access endoscopy to take place **within 2 weeks** if they have dysphagia, or are aged 55 and over with weight loss.
Statement 3	Adults with dyspepsia or reflux symptoms have **a 2 week washout period** before a test for Helicobacter pylori if they are receiving proton pump inhibitor therapy.
Statement 4	Adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for **non-urgent direct access endoscopy.**
Statement 5	Adults with persistent, **unexplained dyspepsia or reflux symptoms** have a discussion with their GP about referral to a specialist service.

Case History : Mr Smith 1

- 56 yrs old,
- 4/12 epigastric pain and post prandial bloating,
- No Wt loss, vomiting or dysphagia,
- Over the counter Gaviscon,
- Smoker 10-15/ day,
- Social drinker,
- Normal physical examination.

How will you manage the patient?

A. Refer for OGD.
B. Rx H2Blocker for 4/52, return if symptoms persist.
C. Rx PPI for 4/52, return if symptoms persist.
D. H Pylori test, eradicate if positive and 4/25 of PPI.



Statement 1	**Adults with dyspepsia or reflux symptoms who present to community pharmacists are given advice about making lifestyle changes, using over-the-counter medicines and when to consult their GP.**

NICE Quality Statement 1, July 2015

Lifestyle advice

- Reduce weight.
- Stop smoking.
- Healthy diet.

Review Medications

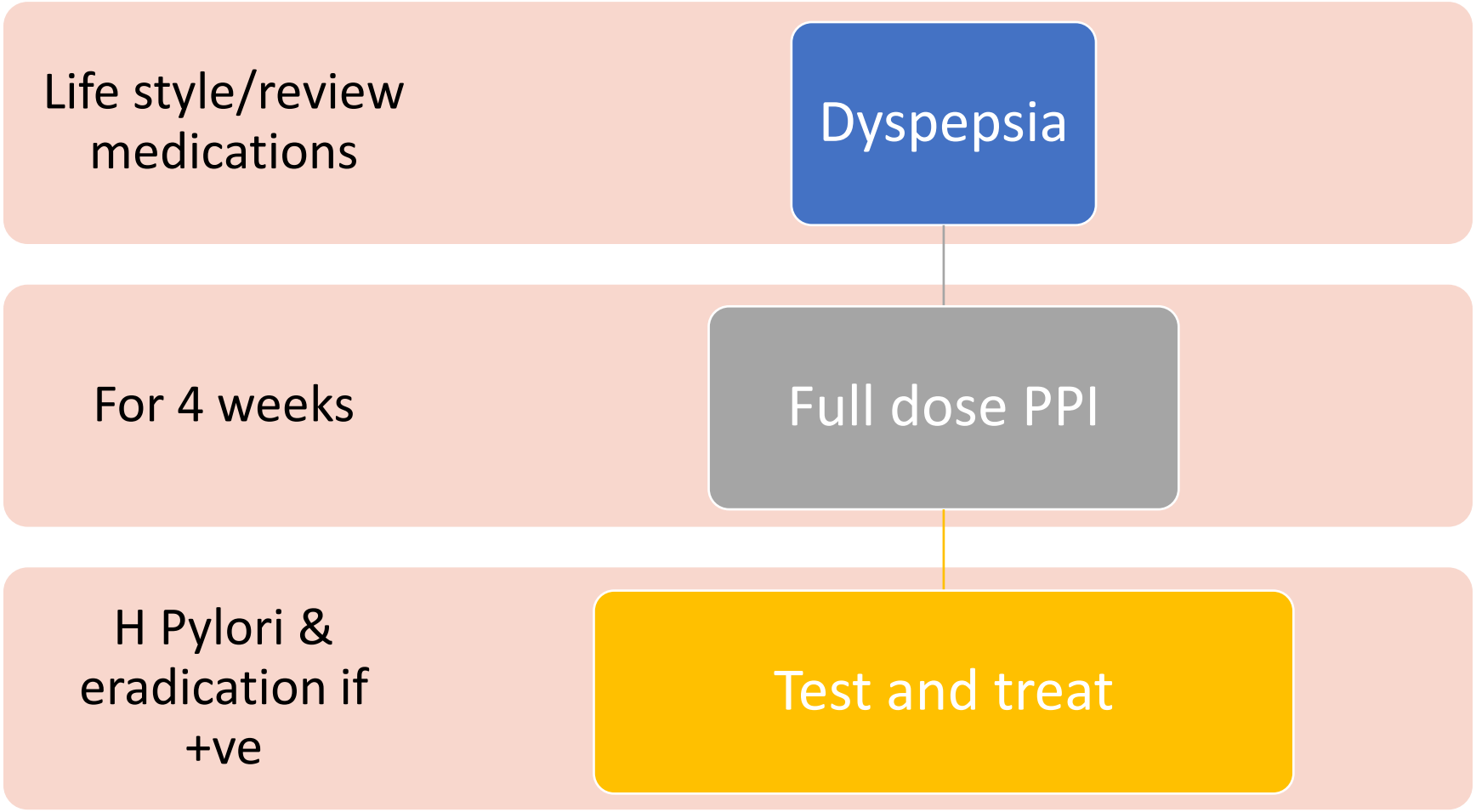
- Steroids, NSAIDs, bisphosphonate.
- Over-the-counter medicines.

Consider anti-acids

- Highly effective for GORD and PUD.
- Placebo effect is high.
- Limited side effects.

Associate with dyspepsia

Uninvestigated dyspepsia



NICE Clinical Guideline 17, Aug 2004

How soon to test for HP? *

Statement 3	**Adults with dyspepsia or reflux symptoms have a 2 week washout period before a test for** Helicobacter pylori if they are receiving proton pump inhibitor therapy.

NICE Quality Statement 3, July 2015

- Leave 2 weeks after PPI treatment before test for HP.
- stool antigen test.

Is H Pylori eradication helpful?

	Eradication		Placebo		
	+	-	+	-	
Reflux-type	169	24	149	12	p<0.005
Ulcer-type	149	27	130	17	P<0.005
Dysmotility	175	21	166	16	P>0.25

The only definitive treatment, Highly effective.

NNT :2 to prevent relapse of DU.

NNT :3 to prevent relapse of GU.

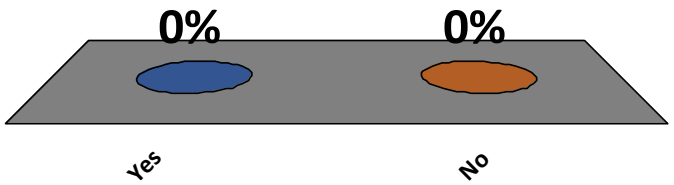
NNT :14 to improve symptom in FD[2] .

1-SJO Veldhuyzen van Zenten et al, Gut 2002

2-Chasing SS et al. Treatment of HP in surgical practice: randomised trial, World J gastroenterol 2008;14:3855-60

Should we confirm eradication

A. Yes
B. No



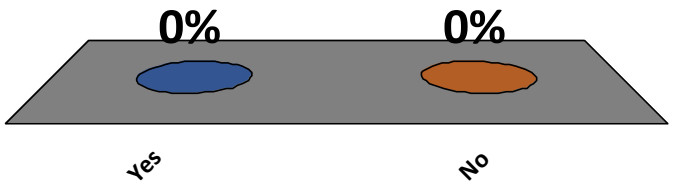
Should we confirm eradication?

- Not a recommendation by NICE!
- The European guidelines on H Pylori management recommend non-invasive follow up to verify successful treatment after 4 weeks[1].
- Consider if still symptomatic.

1-The Maastrichit conensus report Gut Jan 2007

Is Prompt OGD Good idea?

A. Yes
B. No



Is Prompt OGD Good idea?

- Prompt endoscopy Vs test and treat in simple dyspepsia[1].
- OGD as first line reduce risk of recurrence dyspeptic symptoms but not cost effective.

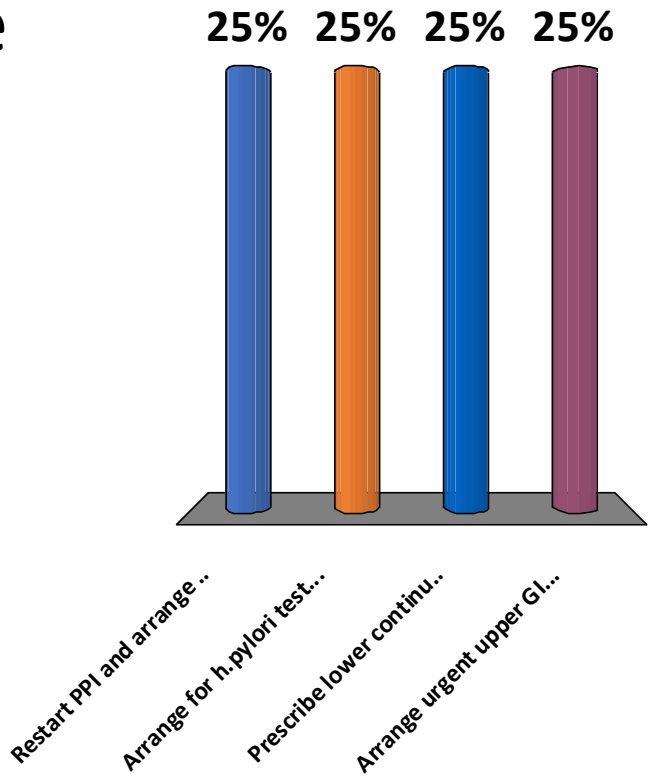
1-Ford AC et al, What is the prevalence of clinically significant Endoscopic findings in subjects with dyspepsia? Systematic review and Meta-analysis. Clin Gastroentrol Hepatol 2010;8:830-7

Case History : Mr Smith 2

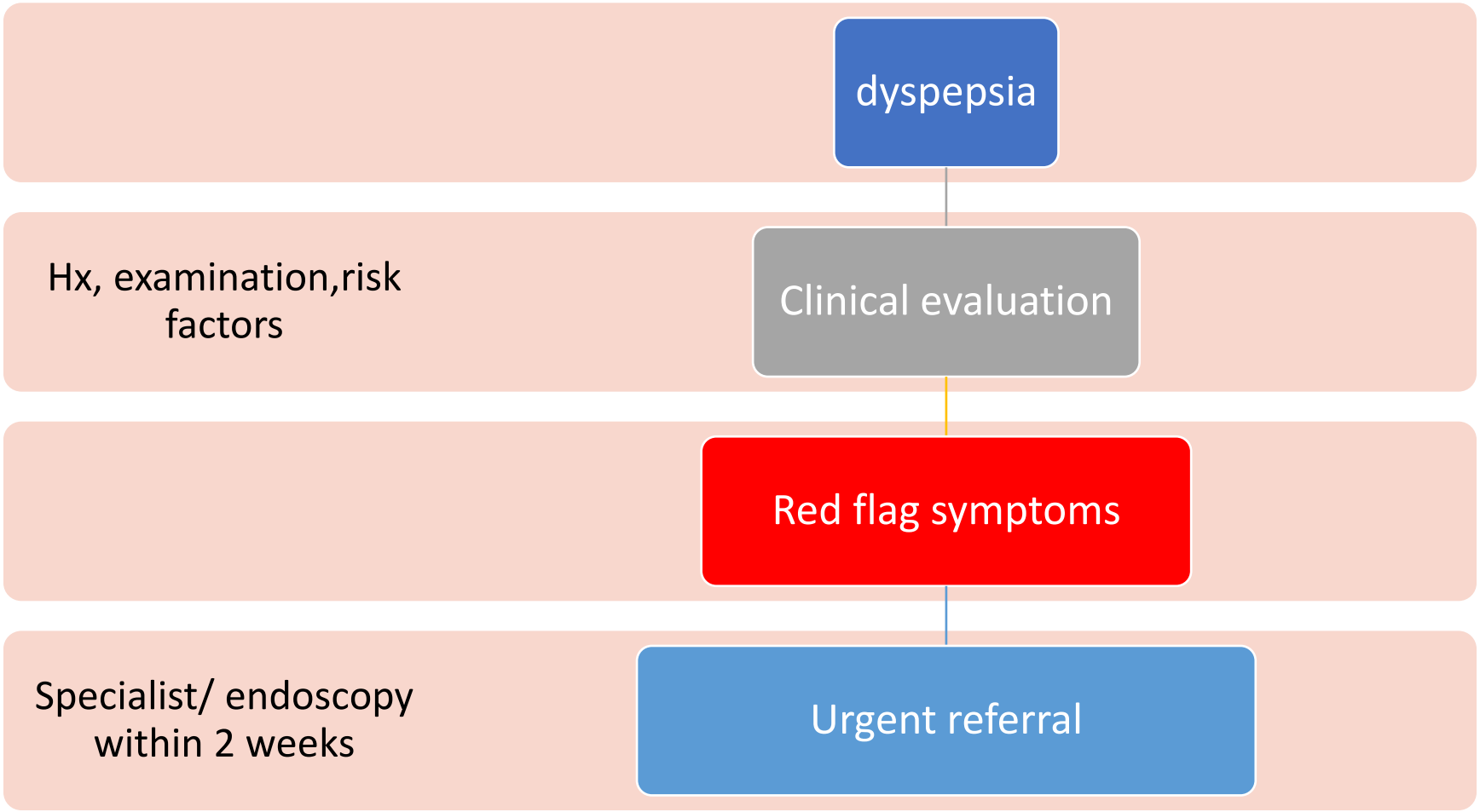
- 2 months later.
- Finished course of treatment.
- Symptoms recurred, OTC antiacids.
- Unintentional Wt loss.

What is the best course of action?*

A. Restart PPI and arrange to see in 3/12.
B. Arrange for h.pylori test and treat if +ve.
C. Prescribe lower continued dose of PPI.
D. Arrange urgent upper GI endoscopy.



Suspected cancer



NICE Clinical Guideline 17, Aug 2004

Red Flags

- Age greater than 55 with new onset dyspepsia
- Dysphagia
- Unintentional Wt loss
- GI bleeding
- Persistent vomiting
- IDA
- Palpable epigastric mass
- Abnormal Ba meal

NICE. Dyspepsia and gastro-oesophageal reflux disease: Investigation and management of dyspepsia, symptoms Suggestive of GOD or both. NICE CG 184 , Sep 2014

Statement 2	**Adults presenting with dyspepsia or reflux symptoms are referred for urgent direct access endoscopy to take place within 2 weeks if they have dysphagia, or are aged 55 and over with weight loss.**

NICE Quality Statement 2, July 2015

Suspected cancer: recognition and referral

NICE guideline [NG12] Published date: June 2015

Urgent OGD (on the day)

- Dyspepsia with significant acute GI bleeding.

> For people presenting with dyspepsia together with significant acute gastrointestinal bleeding, refer them immediately (on the same day) to a specialist. [2004] (Also see Acute upper gastrointestinal bleeding [NICE clinical guideline 141].)

NICE. Clinical guidelines. Acute upper GI bleeding in over 16s: Management Updated August 2012

Urgent OGD (within 2 weeks)

- Abdominal mass
- Dysphagia.
- Age 55 and over with Wt loss and any of:
  - Upper abdominal pain.
  - Reflux.
  - Dyspepsia.

Consider a suspected cancer pathway referral (for an appointment within 2 weeks) for people with an upper abdominal mass consistent with stomach cancer.

Offer urgent direct access upper gastrointestinal endoscopy (to be performed within 2 weeks) to assess for stomach cancer in people:

- with dysphagia **or**
- aged 55 and over with weight loss **and** any of the following:
  - upper abdominal pain
  - reflux
  - dyspepsia.

NICE. Suspected cancer: recognition and referral. NICE NG 12. June 2015

Urgent OGD (within 2 weeks)

- Primary care arranges for an endoscopy to be carried out within 2 weeks and retain the clinical responsibility throughout, including acting on the results.

NICE. Suspected cancer recognition and referral NICE NG 12. June 2015

Non-urgent OGD

- Patient aged 55 or over with:

1. Treatment resistant dyspepsia OR
2. Upper abdominal pain with low Hb OR
3. Raised platelet with any of the following:

   Nausea/vomiting/Wt loss/Reflux/dyspepsia/ upper abd pain OR

4. Nausea and vomiting with any of the following:

   Wt loss/ Reflux/ dyspepsia/ upper abd pain

NICE. Suspected cancer recognition and referral NICE NG 12. June 2015

- So what if you have a patient with new onset dyspepsia and persistent vomiting?
  - 2WW OGD
  - Non-urgent OGD

- These alarm feature are still relevant. GP should still refer if appropriate to perform OGD.

SUSPECTED MALIGNANCY – URGENT REFERRAL – TWO WEEK WAIT

DISEASE SITE REFERRAL FORM – **UPPER GI**

Please arrange for all referrals to have FBC & U&E prior to OPA

☑ Dysphagia	GO TO SECTION A
☐ Obstructive jaundice	**FAX 2WW OFFICE ON (01226) 435478**
☐ Dyspepsia	GO TO SECTION B
☐ Other significant symptoms	GO TO SECTION C

SECTION A: DYSPHAGIA

☑ Fit for endoscopy	**Refer 2ww Upper GI Dysphagia** (DAY CASE)
☐ Not fit for endoscopy	**Refer 2ww Upper GI Service**

Please indicate if any of the following apply:	☐ On Warfarin therapy
	☐ Diabetic on insulin
	☐ Diabetic on oral therapy

SECTION B: DYSPEPSIA

☐ Recent onset dyspepsia, patient aged 55 years or above	**Refer 2ww Upper GI Service**	
☐ Recent onset dyspepsia, patient aged 55 years or above (with any of the following – please specify)	☐ Persistent vomiting	**Refer 2ww upper GI Service**
	☐ Suspicious barium meal	
	☐ Chronic GI bleed	
☐ Unexplained worsening of Chronic dyspepsia (with any of the following – please specify)	☐ Dysplasia	**Refer 2ww Upper GI Service**
	☐ Atrophic gastritis	
	☐ Intestinal dysplasia	
	☐ Barrett's oesophagus	
	☐ Peptic ulcer surgery more than 20 years ago	

SUSPECTED MALIGNANCY – URGENT REFERRAL – TWO WEEK WAIT

DISEASE SITE REFERRAL FORM – UPPER GI

SECTION C: OTHER SIGNIFICANT SYMPTOMS

☐ Unexplained weight loss	Refer 2ww Upper GI Service
☐ Iron deficiency anaemia	
☐ Persistent vomiting and weight loss	
☐ Upper abdominal mass	
☐ None of the above	Refer Urgent or Routine – Upper GI or General Gastroenterology

CURRENT MEDICATION

Acute Medication
Acute

Drug	Dose	Quantity	Last Dose Given

Repeat Medication
Repeat

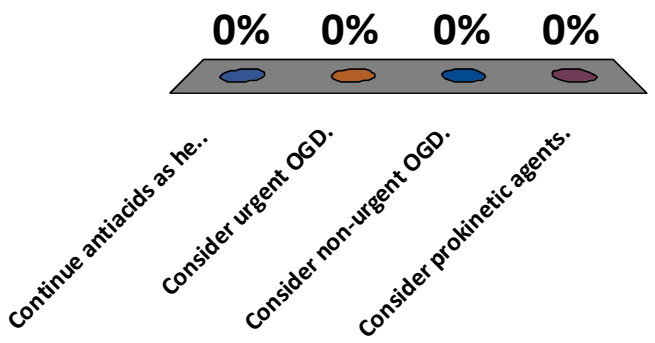
Drug	Dose	Quantity	Last Dose Given

Case History : Mr Smith 3

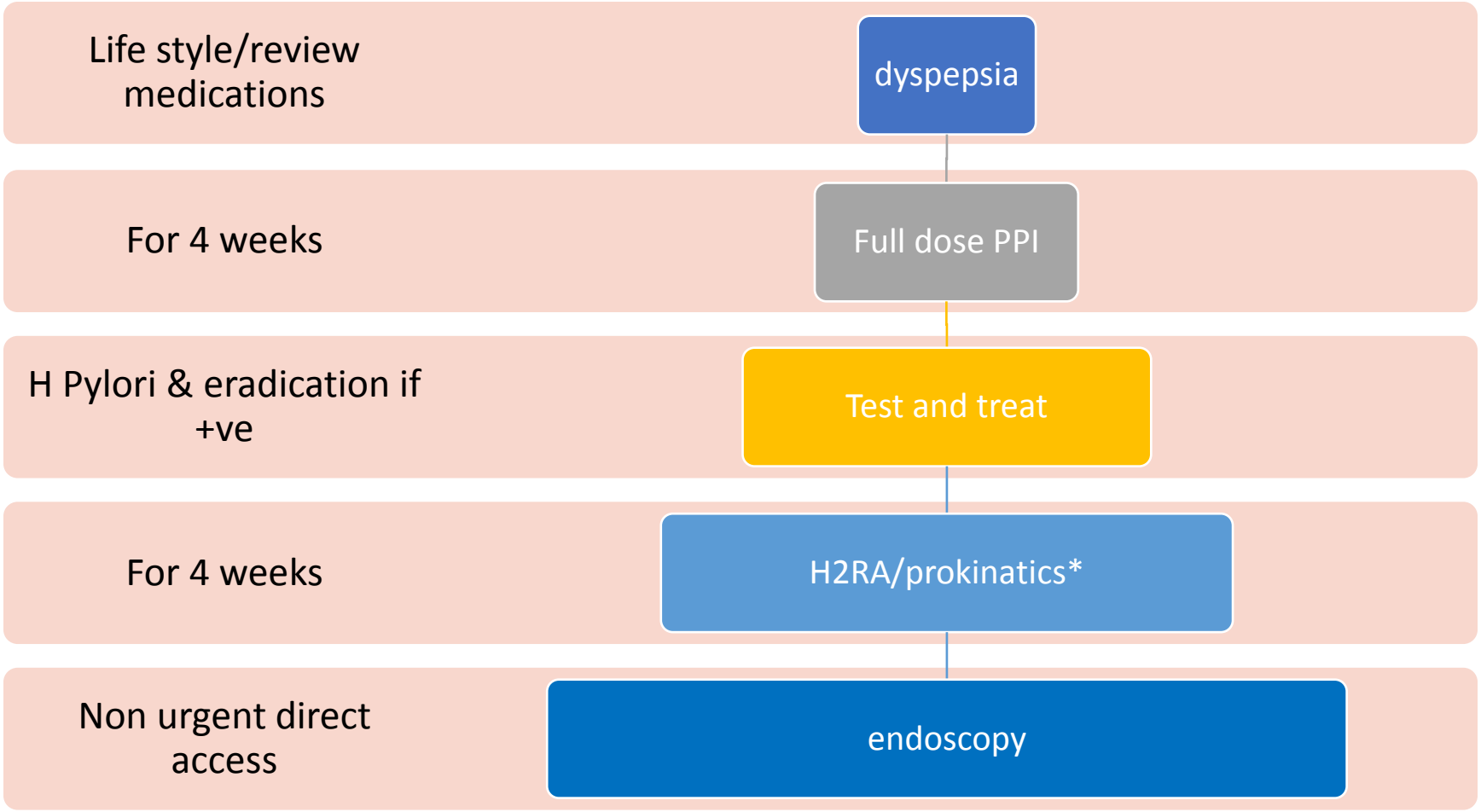
- 2 months later..
- Finished course of treatment.
- Symptoms recurred, OTC antiacids.
- No alarm features.

What is the next step?

A. Continue antiacids as help symptoms.
B. Consider urgent OGD.
C. Consider non-urgent OGD.
D. Consider prokinetic agents.



Patient still symptomatic



NICE Clinical Guideline 17, Aug 2004

NICE Quality Statement 4, 2015

Functional Dyspepsia

ROME III Diagnostic criteria

One or more of the following:

1. Postprandial fullness
2. Early satiation
3. Epigastric pain
4. Epigastric burning

- No evidence of organic disease that likely to explain the symptoms, and
- Symptoms present during the last 3/12with onset at least 6/12 before diagnosis.

Tack et al, gastroenterology 2006; 130(5):1466-79

Statement 4	**Adults aged 55 and over with dyspepsia or reflux symptoms that have not responded to treatment have a discussion with their GP about referral for non-urgent direct access endoscopy.**

NICE Quality Statement 4, July 2015

- If symptoms recur after initial treatment, offer a PPI to be taken at the lowest dose possible to control symptoms.
- Offer H2RA therapy if there is an inadequate response to a PPI.
- TCA may be helpful in persistent FD.
- Prokinatic agents are no longer recommended by NICE due to lack of evidence an side effects.

Key points

- Address life style, medications and risk factors
- Simple Dyspepsia, empirical treatment and Test & treat
- Red flag symptoms, urgent endoscopy/specialist referral
- PPI and H2RA are better than placebo for FD
- Prokinaetic agents are not recommended

Thankyou