Review of Medications:

Withdraw or change drugs known to aggravate dyspepsia eg NSAIDs, SSRIs, anti-platelets, bisphosphonates.

Consider long term PPI for regular NSAIDs or SSRIs (especially in over 65's)

Lifestyle advice:

Smoking, alcohol, coffee, fatty foods, weight reduction, raise bed head, do not eat at bedtime

Un-investigated dyspepsia

No alarm features

Dyspepsia symptoms

Epigastric pain/ early satiety/ bloating/belching/nausea/vomiting

Alarm features :

Upper abdominal mass/Dysphagia

Age 55 or over Wt loss and any of: Dyspepsia/ Reflux/ Upper abdominal pain/ Persistent continued vomiting

1. Review of medications
2. Lifestyle advice
3. Antacids (gaviscon/peptac)

Full dose PPI for 4 weeks

if still symptomatic

H.Pylori Stool antigen test

No PPI for 2 weeks before testing

If symptoms controlled,

review regularly and encourage stepping down or stopping of PPI

H. Pylori Positive

Treat with triple therapy

Check allergy status & interactions

see Barnsley Antimicrobial guidelines

H. Pylori Negative

consider

Changing PPI

H2RA- ranitidine

Amitriptyline low dose

Non-urgent gastroscopy

Stepping down to use the lowest possible dose of PPI for the shortest duration.

Discuss using on an "as needed" basis for patients to manage their own symptoms

(warn patients of rebound acid secretion on reducing dose)

Long term PPI use may case increased risk of osteoporosis, hypomagnesaemia and possibly C. Difficile

Symptom persist

Consider secondary care referral

Symptom Free

Reiterate lifestyle advice and offer antacids / alginate (Peptac®) on a PRN basis for occasional symptoms

Causes of Dyspepsia

Organic-Peptic ulcer disease / Upper GI malignancy/ GORD/ Hiatus hernia/ medications/ Coeliac disease/ Crohn's disease/ gastroparesis/ **Functional –** postprandial distress syndrome/ epigastric pain syndrome