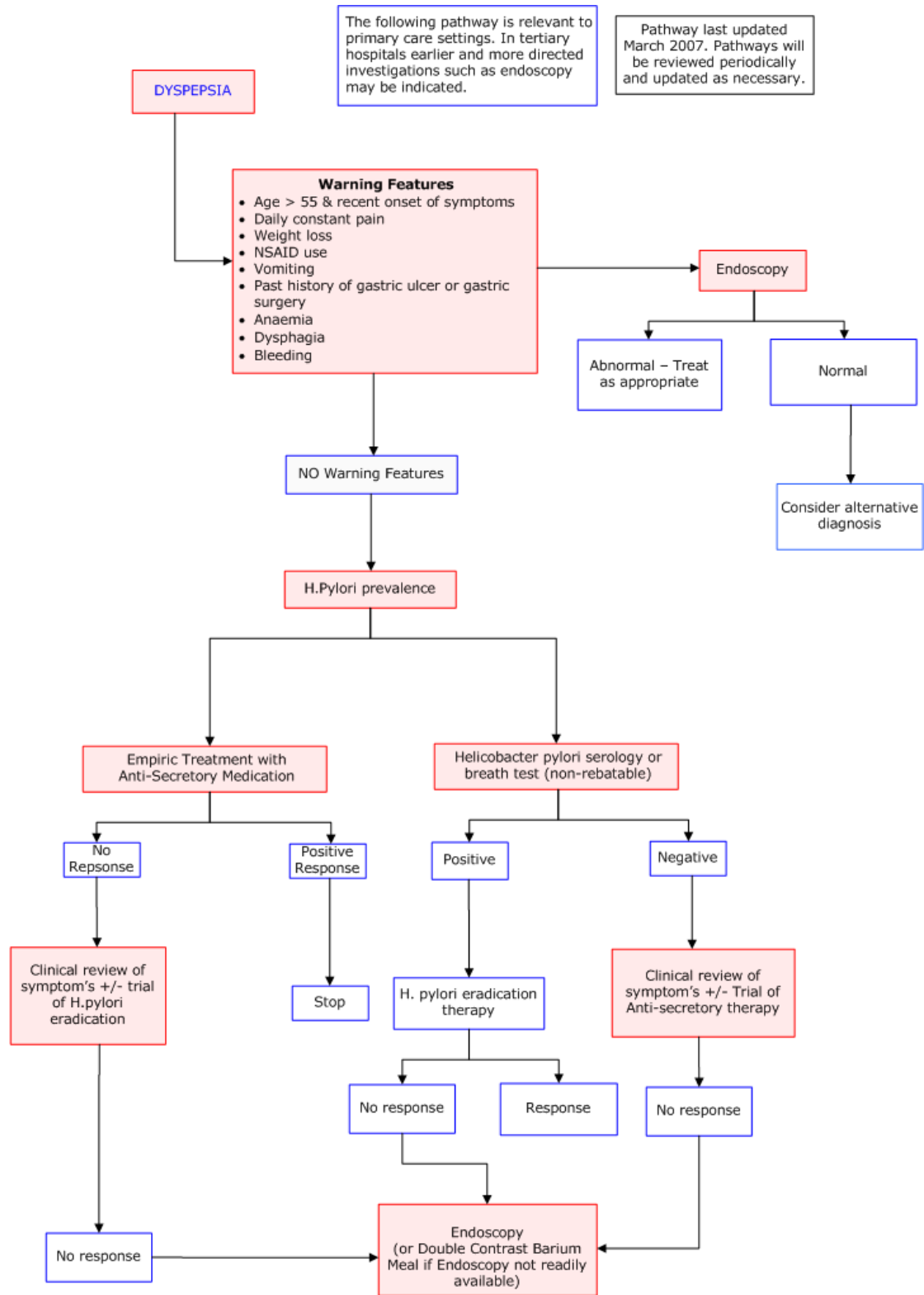




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DYSPEPSIA

- "Dyspepsia" is a symptom complex of epigastric pain or discomfort thought to originate in the upper gastrointestinal tract, and it may include any of the following symptoms: heartburn, acid regurgitation, excessive burping/belching, increased abdominal bloating, nausea, feeling of abnormal or slow digestion, or early satiety."
- Causes include:
 - Peptic Ulcer Disease
 - Gastro-oesophageal reflux disease
 - Biliary tract and pancreatic disease
 - Functional or Non-ulcer dyspepsia
- The prevalence of H.pylori infection in a developed country is variable. Risk factors known to be associated with a higher risk of infection include age, male gender, lower socio-economic status and smoking [15](#)

WARNING FEATURES

- The following represents a guideline for management of patients in a primary care setting: [1-5](#)
- Prompt investigation is recommended for patients with "warning" features although the overall predictive value of these symptoms is limited. These "warning" features include:
 1. Age >55 yrs and recent onset of symptoms
 2. Daily constant pain
 3. Weight loss
 4. NSAID use
 5. Vomiting
 6. Past history of gastric ulcer or gastric surgery
 7. Anaemia
 8. Dysphagia
 9. Bleeding
- A meta-analysis of 7 studies evaluating 46,161 patients showed that the pooled sensitivity of warning features was 67% with heterogeneity between the studies. Specificity ranged from 40-98% with significant heterogeneity. [19](#)
- Endoscopy is the recommended method of investigation (barium meal is an alternative, if endoscopy unavailable).

TRIAL OF ANTI-SECRETORY THERAPY

- Younger patients who do not display "warning" features have a very low risk of gastric malignancy and may be investigated for Helicobacter pylori by serology/breath test or treated empirically with anti-secretory medication
- Empirical treatment is more cost-effective when the prevalence of H.pylori infection is low (<5%) [16,17](#)





H.PYLORI TESTING AND THERAPY

- Younger patients who do not display "warning" features have a very low risk of gastric malignancy and may be investigated for Helicobacter pylori by serology/breath test or treated empirically with anti-secretory medication
- A "test and treat" approach is more cost-effective when H.pylori prevalence is >10% and uncertain at prevalence rates of 5-10%. [16,17](#)
- Urea breath testing for H.pylori is significantly more accurate than serology and has been recommended in preference to serology despite its higher cost. However, there is no rebate under Medicare currently. [16](#)
- Patients who test negative for H.pylori may be treated symptomatically. [6](#)
- Patients with positive H.pylori testing may be treated with Helicobacter pylori eradication therapy or may be investigated endoscopically. [7,8](#)
- H.pylori eradication has the potential, although by no means proven to prevent the formation of chronic gastritis and hence gastric carcinoma. [16,18](#)

UPPER GASTROINTESTINAL ENDOSCOPY

- Endoscopy is the test of choice to exclude gastro-duodenal ulceration, reflux oesophagitis, and upper gastro-intestinal tract malignancy. [9](#)
- Superior diagnostic accuracy (96% vs 70%) compared to double contrast barium meal (96% vs 70%) in detecting structural causes of dyspepsia. [9](#)
- Advantages: ability to biopsy lesions suspicious for malignancy and to perform invasive tests for Helicobacter pylori infection.
- Retrospective studies have found that cancer is rarely detected in patients younger than 55 years without alarm symptoms and, when found, the cancer is generally inoperable. The recommended age threshold for endoscopy has been increased from 45 to 55 years in keeping with this. [14](#)

DOUBLE CONTRAST BARIUM MEAL (DCBM)

- Endoscopy should be performed instead of DCBM for the evaluation of dyspepsia if available.
- High sensitivity for diagnosis of gastric carcinoma and gastric ulcers. [10,11](#)
 - Particular strengths in the diagnosis of minor strictures, motility disorders, extrinsic and possible intramural abnormalities, as well as the diagnosis of malrotations (including gastric volvulus), herniations and other structural abnormalities.
 - Advantages: no sedation.
 - Limitations: Inability to show subtle mucosal lesions. [9,12](#)
 - Disadvantages: Exposure to ionising radiation.





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