

**OBJECTIVE:** To provide efficient and cost-effective management choices for the family medicine resident or consultant dealing with patients diagnosed with dyspepsia.

**SCOPE:** This shall apply for the management of patients with a diagnosis of dyspepsia.

**GUIDELINES:**

HISTORY	PHYSICAL EXAMINATION	DIAGNOSTICS	DIAGNOSIS	TREATMENT	RECOMMENDATION
Ask for:  - Upper abdominal fullness  - recurrent epigastric pain  - heartburn or acid regurgitation  - Nausea  -vomiting  -with or without bloating  High Risk patients: -Age at onset greater than 45  -Weight loss  -Anemia  -Melena	Complete PE  Abdominal PE might reveal epigastric tenderness  No masses  No organomegaly	-Request for non invasive H.pylori test if with history of previous dyspepsia treatment, more than 45 years old or long term use of NSAID  -Upper abdominal ultrasound, liver function test, pancreatic amylase if organic problem is considered  -Request for endoscopy if symptoms did not improve with therapeutic trial for 2-4 weeks	<b>Dyspepsia</b>  <b>R/O functional dyspepsia by using ROME Criteria:</b>  - Bothersome postprandial fullness  - Early satiety  - Epigastric pain  - Epigastric burning  Symptoms lasting 3- 6 months	<b>Goal of Treatment:</b>  - Accept - Diminish - Cope - Rather than eliminate  <b>Pharmacologic Treatment:</b>  A.Probably motility problem: -start prokinetic treatment for 1-2 weeks  B.Probably acid related problem: -Start proton pump inhibitor or H2 blocker for 1-2 weeks  C.Undifferentiated upper gastrointestinal problem: -Start with combination of prokinetic and proton pump inhibitor or H2 blocker for 1-2 weeks  <i>Treat H. Pylori infection if positive</i>  <u><b>Treatment regimen no. 1*</b></u>	Advise patients about lifestyle modifications focusing on low fat meals, weight reduction, avoidance of alcohol intake and smoking cessation, eating way before bedtime, elevated head while sleeping.  <i>If acid suppression is not relieved within 2-4 weeks; consider change of drugs and dosing.</i>  <i>Refer for upper endoscopy if treatment of H. pylori fails.</i>  <i>If endoscopy is was positive for bleeding peptic ulcer and other serious organic problem, consider transfer of care to gastroenterologist.</i>

-Hematochezia				<b>PPI:</b> standard dosage twice daily for 7 days†	
-Dysphagia, odynophagia				<b>Clarithromycin:</b> 500 mg twice daily for 7 days	
-persistent vomiting				<b>Amoxicillin:</b> 1 g twice daily for 7 days‡	
-abdominal mass				<b>Treatment regimen no. 2*</b>	
-jaundice				<b>PPI:</b> standard dosage twice daily for 7 days†	
-chronic NSAID intake; chronic alcohol intake				<b>Tetracycline:</b> 250 mg four times daily for 7 days‡	
-previous history of ulcer				<b>Metronidazole (Flagyl):</b> 500 mg twice daily for 7 days§	
				<b>Bismuth:</b> two tablets chewed four times daily for 7 days	

REFERENCES

CLINICAL PATHWAYS FOR THE MANAGEMENT OF DYSPEPSIA IN FAMILY AND COMMUNITY PRACTICE By Espallardo,N. et al. Adapted from Compendium of Philippine Medicine 19<sup>th</sup> Edition

PRACTICAL APPROACHES TO COMMON DISEASES By Maglonzo, E. I.  
Adapted from National Guideline Clearinghouse *Evaluation Of Dyspepsia*

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