Southern Philippines Medical Center

CLINICAL PRACTICE GUIDELINES
Title: Guidelines for Patients with Dyspepsia

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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	**Dyspepsia** **R/O functional dyspepsia by using ROME Criteria:** - Bothersome postprandial fullness - Early satiety - Epigastric pain - Epigastric burning Symptoms lasting 3- 6 months	**Goal of Treatment:** - Accept - Diminish - Cope - Rather than eliminate **Pharmacologic Treatment:** 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 *Treat H. Pylori infection if positive* **<u>Treatment regimen no. 1*</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. *If acid suppression is not relieved within 2-4 weeks; consider change of drugs and dosing.* *Refer for upper endoscopy if treatment of H. pylori fails.* *If endoscopy is was positive for bleeding peptic ulcer and other serious organic problem, consider transfer of care to gastroenterologist.*

-Hematochezia -Dysphagia, odynophagia -persistent vomiting -abdominal mass -jaundice -chronic NSAID intake; chronic alcohol intake -previous history of ulcer				**PPI**: standard dosage twice daily for 7 days† **Clarithromycin**: 500 mg twice daily for 7 days **Amoxicillin**: 1 g twice daily for 7 days‡ **<u>Treatment regimen no. 2*</u>** **PPI**: standard dosage twice daily for 7 days† **Tetracycline**: 250 mg four times daily for 7 days‡ **Metronidazole (Flagyl):** 500 mg twice daily for 7 days§ **Bismuth**: 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 19th Edition

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

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