Dyspepsia

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KEYWORDS

• Functional dyspepsia • *Helicobacter pylori* test and treat • Peptic ulcer disease
• Gastroesophageal reflux disease

KEY POINTS

- Dyspepsia is a complex disease with multiple potential pathophysiologic mechanisms including abnormal gut motility, visceral hypersensitivity, genetic, infectious/postinfectious, and psychosocial factors.
- Although serious pathology is rare in patients presenting with dyspepsia, physicians should be aware of alarm features and refer those patients promptly for endoscopy or subspecialty care.
- A trial of antisecretory therapy, such as a proton pump inhibitor or histamine-2 receptor antagonist, should be provided to patients without alarm features, especially if their primary symptom is epigastric burning.
- A test-and-treat strategy for *Helicobacter pylori* infection is a cost-effective intervention and provides symptomatic relief for some patients with dyspepsia.
- Patients with depression, anxiety, or a history of abuse should be offered antidepressant therapy and psychotherapy.

INTRODUCTION

Dyspepsia is not a single disease, but rather a complex of symptoms that often overlap with other disease entities.[1] The investigation of undifferentiated dyspepsia poses a diagnostic dilemma for primary care physicians. Because evidence to guide best practices is sparse, it is challenging for the primary care physician to decide the optimal diagnostic and therapeutic plan. Although life-threatening conditions are rare in this setting, a missed diagnosis of esophageal cancer or other serious upper gastrointestinal pathology could be devastating. For this reason, invasive diagnostic tests, including endoscopies, are common in the evaluation of uninvestigated dyspepsia. Given the high prevalence of dyspepsia around the world, developing a prudent and evidence-based method of investigation and treatment of dyspepsia is of the utmost importance to prevent potential harm and unnecessary medical expense.

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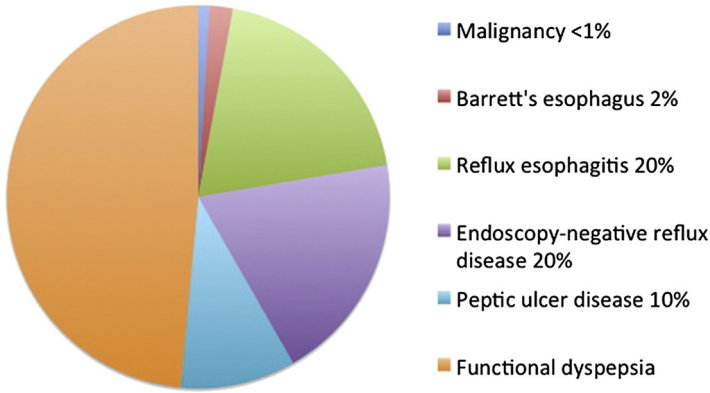

Fig. 1. Causes of dyspepsia. (*Data from* Zagari RM, Fuccio L, Bazzoli F. Investigating dyspepsia. BMJ 2008;337:1–5.)

Dyspepsia affects 25% to 40% of the population over a lifetime and accounts for 3% to 5% of all primary care clinic visits,[2] estimated at 4 million primary care visits a year in the United States alone.[3] One study found that 50% of European and North American patients with dyspepsia are on medication for it, and more than 30% report ever missing work or school because of burdensome symptoms.[4] Another study reported 12.4% of patients with dyspepsia missed work because of their symptoms over a 1-year period.[5] Among active workers with dyspepsia, more than 32% reported their symptoms caused them to be absent from work, and 78% reported reduced productivity because of dyspepsia (presenteeism). That study did not find a difference in lost productivity between those with organic versus those with functional dyspepsia (FD).[6] Nearly 62% of the patients in one study had consulted a physician for their dyspeptic symptoms, and 74% of those went more than once. More than two-thirds of those patients who had consulted

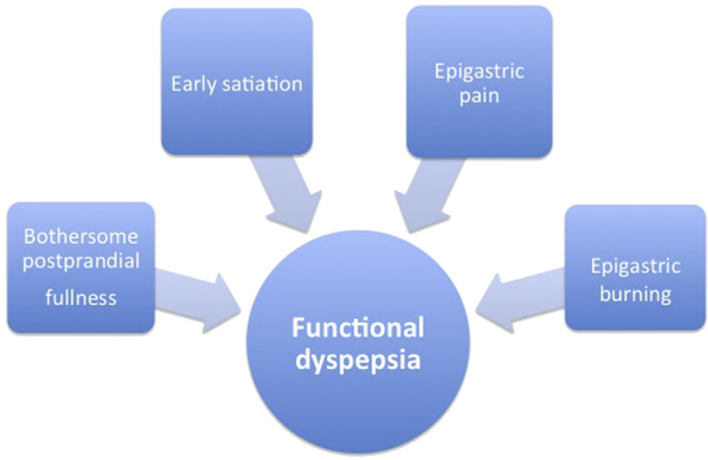

Fig. 2. Functional dyspepsia diagnostic criteria. One or more of the listed symptoms, in the absence of structural disease. Criteria must be fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.