

Dyspepsia

- Consider non gastrointestinal causes (angina, pleuritic pain, musculoskeletal)
- Predominant heartburn or acid regurgitation should be treated as gastro-oesophageal reflux disease and is not part of the definition of dyspepsia
- Routine breath testing to confirm eradication of *Helicobacter pylori* is not required

Information Required

- Presence of Red flags
- Duration
- Drugs (NSAIDs)
- Smoking and alcohol
- Family history of upper gastrointestinal malignancy

Investigations Required

- FBE, EUC, LFTs, Amylase/lipase, CRP

Fax Referrals to

- **Gastroenterology Outpatient Clinic**
Flinders Medical Centre 8204 5555

Red Flags

- | | |
|--|---|
| <ul style="list-style-type: none">  LOW  Progressive dysphagia | <ul style="list-style-type: none">  Recurrent vomiting  Evidence of GI bleeding |
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Suggested GP Management

Patients ≤55yrs without Red flag symptoms taking NSAIDs

- Consider discontinuing NSAID or add acid suppression therapy with a proton pump inhibitor (PPI)

Patients ≤55yrs without Red flags not taking NSAIDs

- The “test and treat” regimen is recommended:
- *H.pylori* testing using the urea breath test or stool Ag test with subsequent eradication therapy in positive cases. If pain persists, commence empirical PPI for 4 weeks
- Those of whom are *H.pylori* negative should commence empirical PPI for 4-8 weeks

Indications for referral

- Patient aged >55yrs or presence of Red flag symptoms
- Patient belongs to one of the above groups and pain is persistent despite the recommendations above

When to assess for *H.pylori* eradication

- *H.pylori* eradication rates approximate 80%. Whilst confirmation of eradication can be obtained by performing a urea breath ≥four weeks after completion of therapy, confirmation of eradication is only indicated in the following circumstances*:
- Patients have persistent dyspepsia following *H.pylori* eradication therapy
- Patients who have had an *H.pylori* associated ulcer
- Patients with gastric mucosal associated lymphoid tissue (MALT) lymphoma
- Patients with a past history of gastric cancer

Clinical Resources

- [American Gastroenterological Association Medical Position Statement: Evaluation of Dyspepsia](#). Gastroenterology. 2005;129:1753-55.
- Therapeutic Guidelines www.tg.org.au
- *Helicobacter pylori* Reference: McColl, KE. Clinical Practice: *Helicobacter pylori* Infection. *NEJM* 2010; 362:1597

Patient Information

- [Gastroenterological Society of Australia: information about Helicobacter Pylori](#).

General Information to assist with referrals and the and Referral templates for FMC are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNOutpatients

| Version | Date from | Date to | Amendment |
|---------|-----------|----------|---------------------|
| 2.1 | Nov 2017 | Nov 2019 | Removed RGH details |