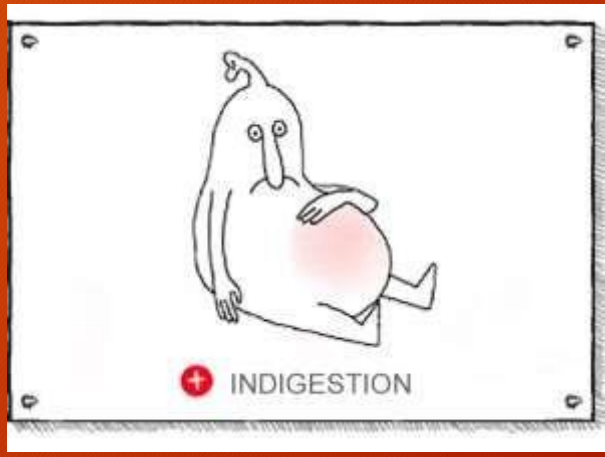
Approach to A Patient with Dyspepsia



Introduction

Dyspepsia describes symptoms such as discomfort, bloating, nausea, which are thought to originate from the upper gastrointestinal tract.

Introduction

It affects up to 80% of the population at some time in life & most patients have no serious underlying disease.

Causes of Dyspepsia

Food intolerance:

- Tomatoes
- Spicy foods
- Excessive alcohol
- Fatty foods
- Coffee.

Causes of Dyspepsia

Upper GIT disorders:

- Peptic ulcer disease
- **Gastro-esophageal reflux disease**
- Acute gastritis
- Non-ulcer dyspepsia
- Gallstones
- Irritable bowel syndrome

Causes of Dyspepsia

Other GIT disorders:

- Pancreatic disease (cancer, pancreatitis)
- Hepatic disease (hepatitis, metastases)
- Colonic carcinoma

Systemic disease:

- Renal failure
- Thyroid disease

Causes of Dyspepsia

Drugs:

- NSAIDs
- Iron & potassium supplements
- Corticosteroids
- Digoxin

Others:

- Anxiety disorders
- Depressive disorders

History Taking

Peptic ulcers

- Recurrent upper abdominal pain having 03 charecteristics feature
    - localize in epigestrium
    - relationship with food
    - episodic occurrence
- Vomiting or early satiety after meal or melena
- personal history or family history of ulcers
- Is the patient a smoker?
- History of taking NSAID's

History Taking

Gastroesophageal reflux disease

- Does the patient complain of heartburn or regurgitation?
- Are symptoms worse when the patient is bending, straining or lying down?
- Does the patient have excessive salivation?
- Does the patient have a chronic cough , asthma or hoarseness of voice?

History Taking

Functional dyspepsia:

- Age < 40 years
- Female affected twice
- Nausea, satiety, bloating after meal
- Alcohol
- Morning symptoms (pain & nausea on waking)
- Anxiety, depression
- Pregnancy should excluded

History Taking

Hepatobiliary tract disease

- Upper abdominal pain
- Yellow colouration of eye
- Dark urine
- Prodromal symptoms: headache, myalgia, arthralgia, anorexia, nausea

History Taking

Acute gastritis:

- It may be associated with Anorexia, nausea, vomiting, haematemesis, melaena

History Taking

Pancreatitis

- Is the pain stabbing, and does it radiate to the patient's back?
- Is the pain abrupt, is it unbearable in severity and does it last for many hours without relief?
- Does the patient have a history of heavy alcohol use?

History Taking

Cancer

- Is the patient over 50 years of age?
- Has the patient had a recent significant weight loss?
- Does the patient have trouble swallowing?
- Has the patient had recent protracted vomiting?
- Does the patient have a history of maelena?
- Is the patient a smoker?

History Taking

Irritable bowel syndrome

- Is dyspepsia associated with an increase in stool frequency?
- Is pain relieved by defecation?
- Associated with constipation/ diarrhoea.

Irritable Bowel Syndrome

Rome criteria IV

Recurrent abdominal pain, on average, at least 1 day/week in the last 3 months, associated with two or more of the following criteria:

- Related to defecation
- Associated with a change in frequency of stool
- Associated with a change in form (appearance) of stool.

Criteria fulfilled for the last 3 months with symptom onset at least 6 months before diagnosis.

History Taking

Metabolic disorders

- Does the patient have a medical history of diabetes mellitus, hypothyroidism or hyperthyroidism, or hyperparathyroidism?

Drug History

NSAIDs, Iron & potassium supplements, Corticosteroids Digoxin

History Taking

Renal Failure:

- Oliguria, Anuria
- Anorexia, nausea, vomiting
- Drowsiness, confusion, muscle twitching, hiccoughs

Physical Examination

- The physical examination should be normal in patients with uncomplicated dyspepsia
- Anemia should be excluded as because in some patients the ulcer may completely silent presenting first time with anemia from chronic undetected blood loss
- Mild epigastric tenderness is commonly found in patient with peptic ulcer & functional dyspepsia

Physical Examination

- Signs of severe organic damage: weight loss, organomegaly, Jaundice, abdominal mass
- Signs of systemic disorders: Cardiac disease, thyroid disease

Evaluation of Dyspepsia

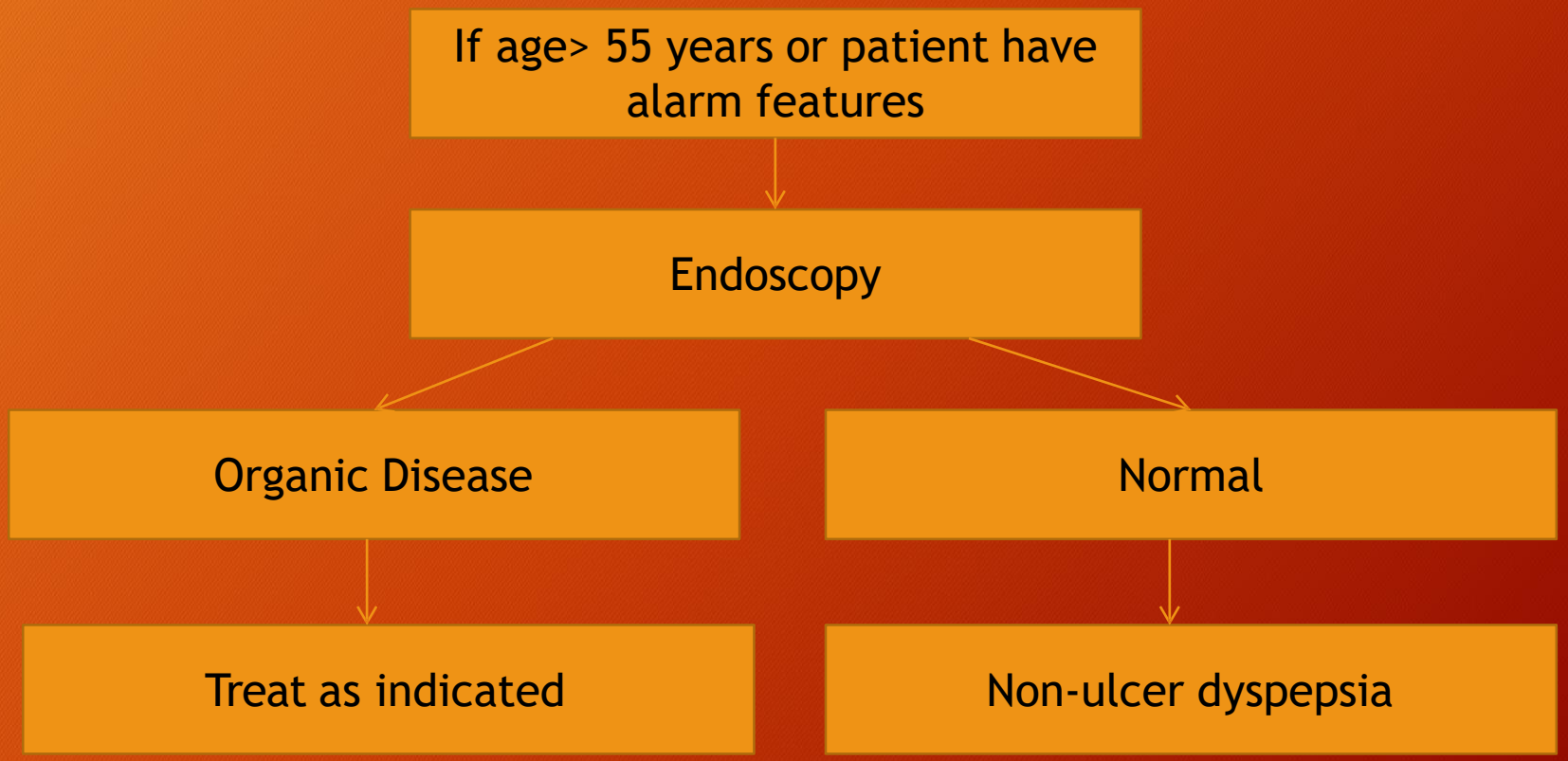
Uninvestigated Dyspepsia

Clinical Evaluation
Determine reason for presentation
History & physical examination
Look for alarm feature

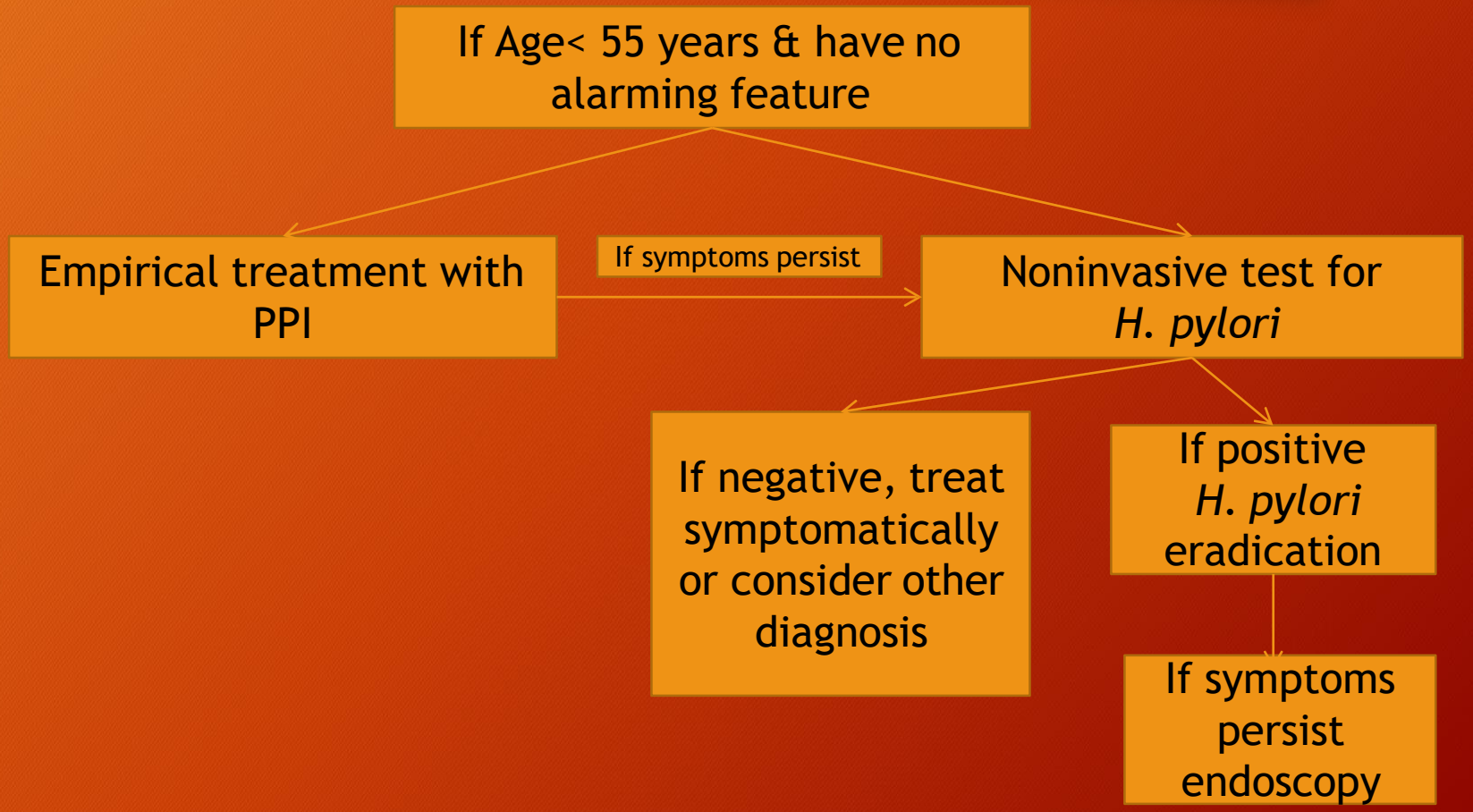
Alarm Features in Dyspepsia

- ✓ Weight loss
- ✓ Anaemia
- ✓ Vomiting
- ✓ Haematemesis and/or Malena
- ✓ Dysphagia
- ✓ Paplpable abdominal mass

Evaluation of Dyspepsia



Evaluation of Dyspepsia



Investigations

- The initial evaluation of dyspepsia should include a complete blood count to rule out anemia.
- If the history and physical examination suggest the presence of gallstones or another hepatobiliary condition, liver function tests and sonographic evaluation should be ordered.
- If renal failure is suspected S.creatinine & suggestive investigations should done

Investigations

- if pancreatitis is suspected, serum lipase and amylase levels should be obtained.
- Patients with nausea, vomiting and epigastric fullness may also have generalized electrolyte imbalances. Therefore, electrolyte measurements should be considered
- Patient suspected DM or thyroid disorder, Blood sugar, thyroid function test should be done

Treatment

Supportive:

- Antacids or Bismuth compounds
- Anti- secretory agents

Specific:

According to cause

Treatment of Acute Gastritis

- Antacids
- PPI
- Domperidone
- Anti emetics (metoclopramide)
- Treatment of underlying cause

Treatment of Peptic Ulcer Disease

1. *H. pylori* eradication:
   - Tripple therapy: PPI + Two antibiotics (Amoxicillin/Clarithromycin/Metronidazole) for 10-14 days
   - Quadruple therapy: PPI + bismuth subcitrate+ Metronidazole+ Tetracycline for 10-14 days

Treatment of Peptic Ulcer Disease

2. General measures: cigarette smoking, aspirin & NSAIDs should be avoided
3. Maintenance treatment: low dose PPI should be used
4. Surgical treatment.

Treatment of Functional Dyspepsia

- Explanation & reassurence
- Life style modifications
- Anti-secretory agents: H2 receptor antagonist
- Pro-motility agents (metoclopramide 10 mg 3 times daily or domperidone 10-20 mg 3 times daily)
- Anti-depressants: Tricyclic anti depressant is preffer
- *H. pylori* eradication therapy: 10% patients shows response.

Treatment of GERD

- Life-style modifications
- H_2 receptor blocking agents
- Prokinetic agents
- Sucralfate
- Proton-pump-inhibitors
- Combination therapy
- Antireflux surgery

Treatment of IBS

Severity	Clinical picture	Management
Mildly troubled/ primary care	Fear of serious disease, anxious, worried, stress	•Positive diagnosis •Explanation & reassurance •Dietary management •Regular follow up
Complainer/secondary care	Uncertainly re-diagnosis; disturbed life style	•Reinforce above measure •Stress management •Target drugs to specific complaints
Difficult/tertiary care	Coexisting psychiatric disease, possible secondary gain, disability, chronic pain	•Treatment of depression •Treatment of anxiety •Pain clinic

Treatment of IBS

Symptoms	Medication
Constipation	Bulking agents, Lactulose, Enemas
Diarrhoea	Loperamide, cholestyramine
Bloating	Simethicone, Charcoal
Flatus	Vegetable meals
Postprandial pain	Anticholinergic
Chronic pain	Anti-depressent