DYSPEPSIA GUIDELINE –TARANAKI DHB & PHO's

(for Primary Care Management & Referral)

September 2012

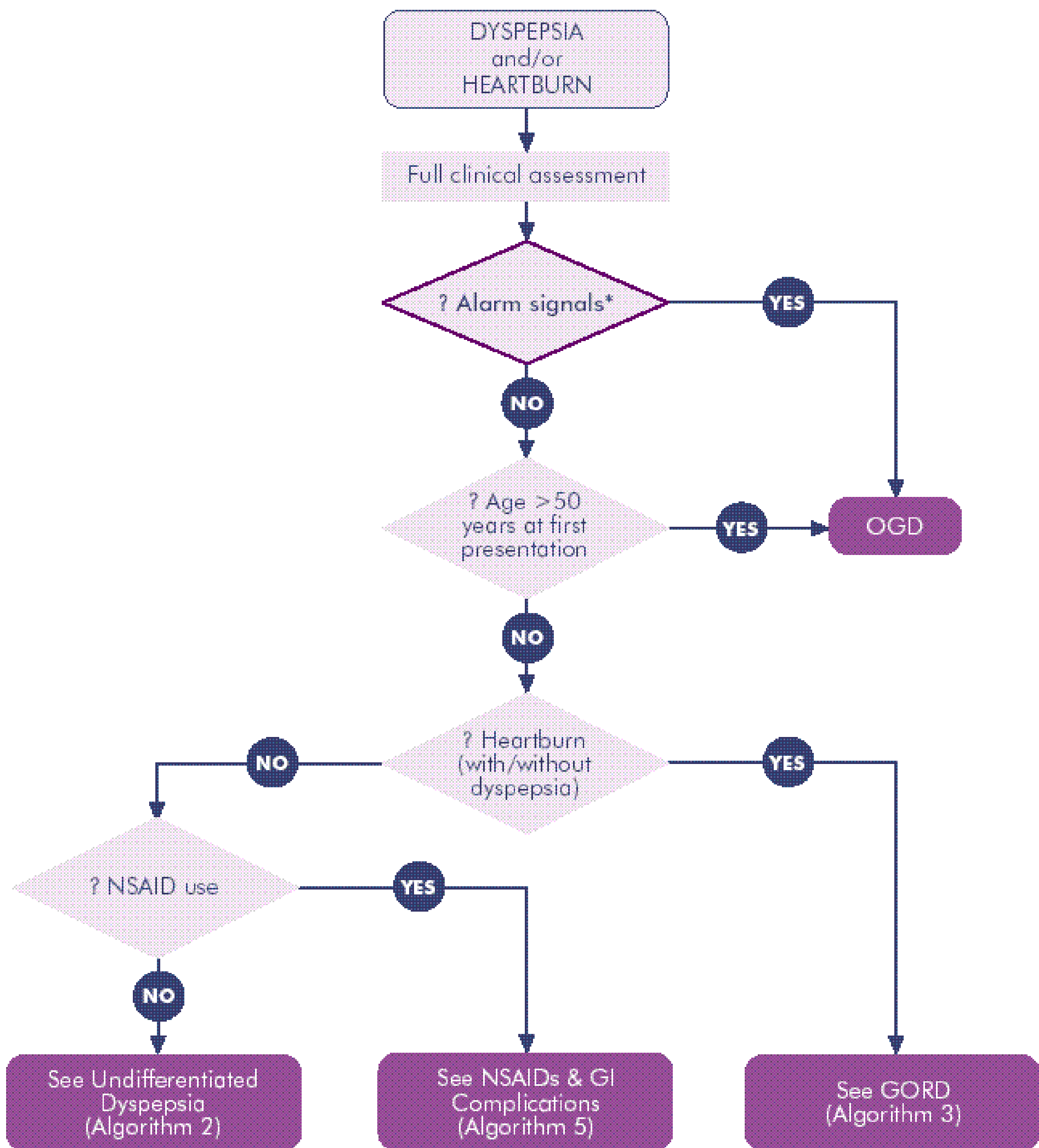
PROBLEM	ACTION	IMPLEMENTATION	PRIORITY	EVIDENCE GRADE
DYSPEPSIA/ HEARTBURN (all cases)				
Alarm Symptoms (*see Box 1 over*)	Stop NSAID. FBC ?FOB. **OGD** (Gastroscopy) H.pylori test & treat if high risk (*see Box 2*) Empiric therapy meantime (*see below*)	**Urgent referral for OGD** (private or hospital*) **Frank GI bleeding**-admit acute TBH **Others alarm symptoms**	 **A** **B**	**B**
Age > 50 at first presentation (*10 yrs earlier for Maori/Pacific*)	As above Consider referral for OGD	Refer for **OGD** (private or hosp*) (Option: Barium meal if OGD not available)	B	B
Age <50, no alarm symptoms	SEE BELOW (under Dyspepsia or GORD)			
DYSPEPSIA ALONE				
NSAID use	Stop NSAID or use safer alternative			C
• **NSAID use with risk factors** (*see Box 3*) *or* • no response stopping NSAID or using safer option	H pylori test & treat (*see box 2*) Stop NSAID Refer for **OGD**	Refer for **OGD** (private/hosp*) –treat by result (*see below*) H pylori positive: triple therapy (*see box 2*)	B/C	A C C
High risk H pylori *(see box 2)*	H pylori test and treat (see box 2) **Empiric therapy** (4-12 wks): lifestyle factors, antacids→ domperidone→ H2RA→ PPI	H pylori positive: triple therapy (*see box 2*)		A C/A
Age <50, no alarm symptoms, no NSAID	**Empiric therapy (4-12 weeks)** as above (Consider H pylori test & treat) No response 4-12 wks – refer OGD	Refer for **OGD**	B/C	B A C
Recurrence after H pylori Rx or failure to eradicate	Alternative H pylori Rx (see guideline) Consider referral for OGD	Refer for **OGD** (private or hosp*)	B/C	A
GORD - HEARTBURN (with or without dyspepsia)				
Age < 50, no alarm symptoms	**Empiric therapy** (see Guideline): lifestyle factors; step down PPI Rx (4-12 week steps): PPI full dose (Omeprazole 20mg)→ PPI half dose→ H2RA bd→ antacid/alginate→ prn treatment			A
No response PPI full dose	PPI double dose. If response, step down No response or recurrence – refer for **OGD**	Refer for **OGD** (private or hosp*)	B/C	B
AFTER OGD		.		
No significant pathology	Manage as for dyspepsia alone (*see above*)			
GORD - Grade 0,A,B (0-2) - Grade C,D (3-4) - Complicated	Lifestyle factors; step down PPI (*see above*) PPI full dose long term ----	 Specialist management/ surveillance		A A B
Peptic ulcer - all - GU - DU - failure to respond	H. pylori test and treat. PPI or H2RA 8-12 wks. **OGD** PPI or H2RA 4-8 wks. Refer only if failure to respond	 Refer for **OGD** (to confirm healing) **Refer OPD**	 **C** **B**	**A** **A** **A**

NB: Discontinue PPI 2 weeks before gastroscopy, and before FAT

Reference: Guideline: Management of Dyspepsia & Heartburn, NZGG, April 2004.

Endoscopy referrals to:
Fax 06 7537808 or
endoscopyreferrals@tdhb.org.nz

DYSPEPSIA and/or HEARTBURN: Initial Evaluation



BOX 1. ALARM SYMPTOMS

- FH gastric Cancer (age <50yr)
- Severe/persistent dyspepsia
- Previous complicated peptic ulcer disease
- NSAID in patients at risk
- Unexplained weight loss
- GI bleeding (haematemesis or melaena)
- Anaemia
- Dysphagia
- Coughing spells or nocturnal aspiration
- Protracted vomiting or regurgitation food
- Palpable abdominal mass

BOX 2. H. PYLORI

High risk:
Peptic ulcer (present or past)
FH Gastric cancer
NSAID use with risk factors *(see box 3)*
Maori, Polynesian, Asian, lower socio-economic

Test: Faecal Antigen test (FAT) ($56) (or serology ($30))
(UBT no longer available)

Treat: OAC – 7 days
(OMC if allergic penicillin)

BOX 3. NSAID patients risk factors for GI complications

Age <65 yrs plus 2 risk factors; or >65 plus 1 risk factor

- History peptic ulcer or GI bleeding
- Significant comorbidity
- Previous NSAID gastropathy
- Using corticosteroids, anticoagulants, biphosphonates
- High dose NSAID (or NSAID and aspirin)