

# APPENDIX C

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## I HAVE DYSPEPSIA (INDIGESTION) – WHAT DOES THIS MEAN?

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### WHAT IS DYSPEPSIA?

Dyspepsia is a general term defined as a pain or discomfort in the upper abdomen. In some people it is also felt as bloating, nausea and premature fullness after eating.

Heartburn is defined as a burning sensation radiating from the upper abdomen towards the throat. This is a different symptom from simple dyspepsia: it can be there on its own or with dyspepsia. People aged 65 years and over taking NSAIDs are at particular risk of upper gastrointestinal complications if they have other medical conditions, especially heart or lung disorders.

### WHAT CAUSES DYSPEPSIA AND HEARTBURN?

About 70% of people with dyspepsia do not have any evidence for any serious stomach or bowel disorder (so-called functional dyspepsia [FD]). FD is believed to be related to an increased sensitivity of the stomach and bowel to normal digestive processes. Some may have a disorder of gut motility. Others may simply have had a dietary indiscretion (eg, alcohol excess). Some medications, particularly non-steroidal anti-inflammatory drugs (NSAIDs), may cause dyspepsia.

A minority of people with dyspepsia may have a peptic ulcer (gastric or duodenal). Very few will have other significant conditions. These usually present with additional features which can be identified by your doctor.

Heartburn is typical of reflux of acid from the stomach into the oesophagus (gullet). This is known as gastro-oesophageal reflux disease (GORD). This is caused by the valve at the lower end of the oesophagus permitting acid and food to come back into the oesophagus; the acid produces the burning.

### WHAT SHOULD I DO ABOUT DYSPEPSIA?

Sometimes attention to simple lifestyle factors is all that is required to bring relief (eg, moderate alcohol intake, stop smoking, avoid rich/fatty foods, lose weight if applicable). Most people self-medicate (at least initially) with antacids or acid lowering medications which are available in pharmacies and supermarkets. If symptoms are severe or persistent for more than a few weeks, consult your doctor.

Symptoms that should always be assessed by your doctor include:

- unexplained weight loss
- food blocking when swallowing
- vomiting of blood or coffee ground-like material
- passage of black bowel motions
- when symptoms are associated with taking NSAIDS.

All symptoms should be regarded as more serious in people who are aged greater than 50 years when presenting for the first time, and those with a family history of stomach cancer presenting below the age of 50 years.

## WHAT CAN MY DOCTOR DO?

He/she will assess your symptoms in the light of your medical history and decide an appropriate management strategy. This may include:

1. Giving lifestyle advice: attention to diet, eating habits, weight, smoking, alcohol intake, and psychosocial stresses. Some people taking medications which can cause dyspepsia, especially NSAIDS, will have their medicines reviewed.
2. Prescribing simple antacids or acid lowering medications for a short course of treatment.
3. Test for the bacteria *Helicobacter pylori*. This germ may be linked to peptic ulceration and can be detected by simple tests. Testing for *H. pylori* and treating people who have a positive test can be useful in areas and groups where the germ is common, (eg, South and West Auckland, Maori, Polynesian and Asian populations). Blood tests are inexpensive, but have variable reliability. Faeces tests are very good, and the breath test is the most reliable but unfortunately the most expensive.

*H. pylori* needs to be treated (with an acid lowering agent and two antibiotics for one week) if the test is positive. Instructions for treatment must be followed closely to avoid the bacteria losing their sensitivity to antibiotics.

4. Motility modifying agents include domperidone (Motilium) or metoclopramide (Maxalon).
5. Prescribing acid lowering agents. These include ranitidine (eg, Zantac) and famotidine (eg, Pepsidine) which are mild in their effect and omeprazole (Losec) or pantoprazole (Somac) which are very potent. These will be prescribed initially for a defined period (eg, one month). These are the drugs of choice in heartburn but may also be effective in some people with dyspepsia.

6. Ordering investigations. In some circumstances your doctor will consider it important to do some tests to help him or her make a more definitive diagnosis. This may initially be simple blood tests. You may also be referred for a procedure (called oesophago-gastro-duodenoscopy [OGD]) which can check the appearance of your oesophagus, stomach and duodenum. A slim tube is passed through the mouth by a specially trained medical team. The discomfort of this procedure is minimised by using sedation and/or a throat spray to anaesthetise the back of your throat. A barium meal x-ray is an alternative, but it is less sensitive and less specific in diagnosis and may not avoid your having an OGD anyway.

## HOW LONG WILL I NEED TO TAKE MEDICATIONS?

In most cases, short-term treatment is sufficient.

If treatment needs to be prolonged to control symptoms (continuous over 3 months), it may be better to come to a definitive diagnosis (with endoscopy).

Once a diagnosis is established, most people can be treated with one of the above described medications using the lowest dose which controls the symptoms. Many people will be able to stop their medications altogether.

A minority of people will have ulcers and require *H. pylori* eradication. A small minority will be advised to stay on long-term potent acid suppression (eg, those with severe GORD, complicated ulcers who do not have *H. pylori*, and those on NSAIDS who cannot change to other medications).