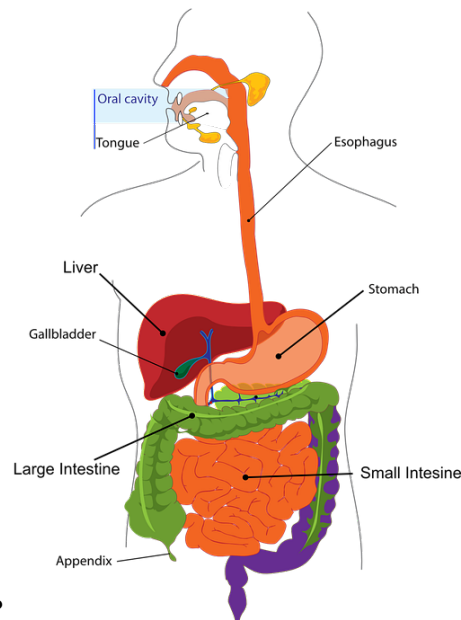


Information for patients on dyspepsia

What is dyspepsia?

Dyspepsia is pain or discomfort in the upper middle part of the abdomen. Dyspepsia may be a symptom of a wide range of conditions and the symptoms also vary. It can be indigestion, uncomfortable fullness after a meal, gnawing or burning, bloating, heartburn, nausea, early satiety or burping.



What causes dyspepsia?

The main causes of dyspepsia are related to the esophagus or the stomach. Some of the common causes are:

- Acid reflex disease – when the stomach acid backs up into the esophagus
- Ulcer in the stomach or duodenum
- Medications (e.g. NSAID)
- Functional dyspepsia – without a clear identifiable underlying cause. It may be due to excessive acid secretion, inflammation of the stomach or duodenum, food allergies, lifestyle and diet influences, psychological factors, medication side effects or *Helicobacter pylori* infection.

Some other diseases related to the liver, gall bladder and pancreas also may have similar symptoms.

Is dyspepsia a serious condition?

Most of the time dyspepsia is not a serious condition. However, if someone has persistent dyspepsia symptoms after age 50, in addition to weight loss, trouble swallowing, severe vomiting, or black/tarry stool, immediate consultation with a doctor is recommended.

How is it diagnosed?

Diagnosis is made based on the presence of symptoms and some investigations.

Upper gastrointestinal endoscopy (U.G.I.) (visualization of the esophagus, stomach and duodenum using a flexible tube with camera attached to a TV screen) helps to see if there is an ulcer, mass, erosion or inflamed areas.

Usually a blood test is done to check for the presence of *H. pylori* bacteria which can cause ulcers. This may also be checked by stool, breath tests, or endoscopy and biopsy.

Other investigations like ultrasound or blood tests for liver function may be needed depending on the symptoms.

Is it treatable?

Dyspepsia is treatable. Treatment depends on the underlying cause.

- Acid reflex disease is treated using drugs that can decrease the acid, losing excess weight, avoiding sleeping within two hours after a meal and sleeping with the head raised by propping up the mattress or bed frame.
- Ulcer is also treated with drugs that decrease the acid. Additionally, if laboratory test shows the presence of bacteria that can cause ulcer (*H. pylori*), antibiotics may be prescribed.
- In consultation with your doctor some medicines that can cause dyspepsia may need to be modified.
- Patients who report increased symptoms when consuming specific types of food are advised on an individual basis to adjust their diet. The types of food that are irritating vary among individuals.

What are the medicines for dyspepsia?

There are two major groups of medicines: those that neutralize the acid (antacids), and those that prevent the production of the acid in the stomach.

Antacids are available without prescription. Antacids are preferably taken between meals and at bedtime. It is important to leave a gap of two hours between antacid ingestion and other medicines as they may decrease the absorption of the other medicines. If the symptoms do not improve after 2-3 weeks of use, it is advised to consult your doctor.

Sometimes, medicines that are useful for additional symptoms such as vomiting, abdominal cramps or indigestion may also be prescribed.