

Scope and Target Population:

This guideline addresses the initial management of dyspepsia and gastroesophageal reflux disease (GERD) in adult males and non-pregnant adult females with symptoms on greater than 25% of days over the past 4 weeks.

Clinical Highlights and Recommendations:

- Send patients with dyspepsia plus one of the following alarm features for urgent endoscopic evaluation. Suggested time frames for the urgency of endoscopy are provided in italics behind each of the alarm features listed.
 - Melena (*within 1 day if ill*)
 - Hematemesis (*within 1 day if ill*)
 - Persistent vomiting (*7-10 days*)
 - Anemia (*7-10 days*)
 - Acute onset of total dysphagia (*within 1 day*)
 - Weight loss greater than 5% (involuntary) (*7-10 days*)
- Patients 55 years of age and older with symptoms of uncomplicated dyspepsia should be evaluated with non-urgent upper endoscopy.
- Patients with dyspepsia, but no alarm features or reflux symptoms, should receive *H. pylori* testing and if positive, eradication therapy.
- Stool antigen is the preferred test for *H. pylori* in uninvestigated dyspepsia.
- Patients with dyspepsia and negative testing results for *H. pylori* should be treated empirically with Proton Pump Inhibitors (PPIs).
- Patients age 50 or older and who have had symptoms of GERD for 10 years or more should be considered for endoscopy during initial management.
- Patients with gastroesophageal reflux should receive single trial step-down therapy.
- Patients with GERD usually require long-term PPI therapy.
- Patients with GERD usually do not require *H. pylori* testing.

Priority Aims:

1. To increase the use of recommended methods for evaluating dyspepsia.
2. To increase appropriate pharmaceutical treatment of patients with dyspepsia.
3. To decrease complications associated with peptic ulcer disease.
4. To improve functional outcomes and satisfaction of patients with dyspepsia.
5. Increase the use of initial treatment recommendations for evaluating GERD.
6. To increase appropriate treatment for patients who have ongoing symptoms after initial treatment recommendations.

Additional Background:

Dyspepsia is a common complaint in medical practice. A minority of these complaints are caused by gastric or duodenal ulcer. A very small minority of 1-2% are caused by gastric cancer. Among those with duodenal ulcer a majority are caused by *Helicobacter pylori* infection of the stomach which contributes significantly to recurrent ulcer. With careful screening for alarm features, patients requiring urgent endoscopy can be identified. In addition, with testing and treatment for *Helicobacter pylori*, the burden of this infection can be reduced in the patient group.