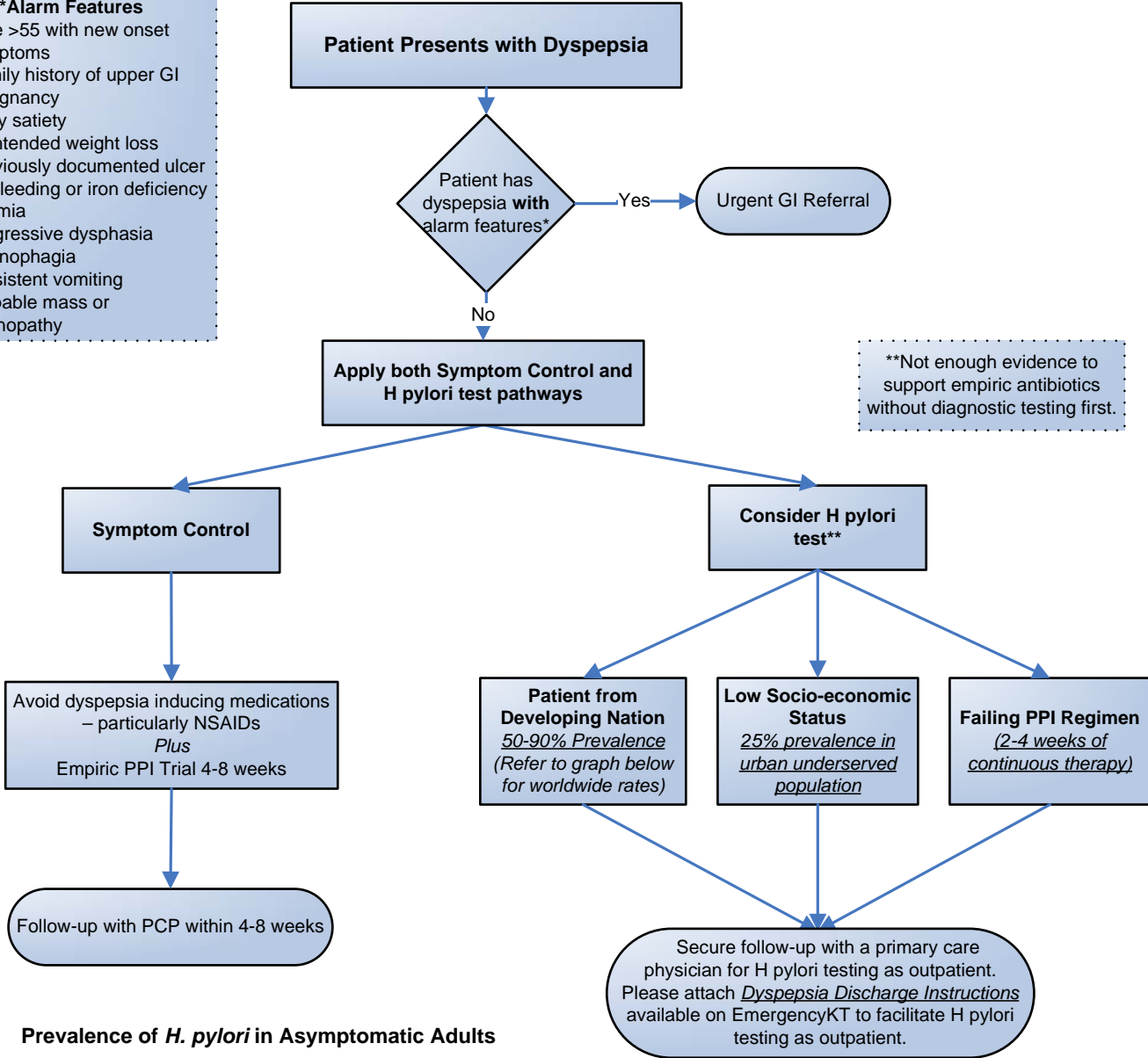


EmergencyKT: Dyspepsia

- *Alarm Features**
- Age >55 with new onset symptoms
 - Family history of upper GI malignancy
 - Early satiety
 - Unintended weight loss
 - Previously documented ulcer
 - GI bleeding or iron deficiency anemia
 - Progressive dysphasia
 - Odynophagia
 - Persistent vomiting
 - Palpable mass or adenopathy



**Not enough evidence to support empiric antibiotics without diagnostic testing first.

Prevalence of *H. pylori* in Asymptomatic Adults



Selected References:

1. Meltzer AC, Pierce R, Cummings DA, Pines JM, May L, Smith MA, Marcotte J, McCarthy ML. Rapid (13)C Urea Breath Test to Identify Helicobacter pylori Infection in Emergency Department Patients with Upper Abdominal Pain. *West J Emerg Med.* 2013 May;14:278-82.
2. Epplein M, Signorello LB, Zheng W, Peek RM Jr, Michel A, Williams SM, Pawlita M, Correa P, Cai Q, Blot WJ. Race, African ancestry, and Helicobacter pylori infection in a low-income United States population. *Cancer Epidemiol Biomarkers Prev.* 2011 May;20:826-34.
3. Delaney BC, Qume M, Moayyedi P, Logan RF, Ford AC, Elliott C, McNulty C, Wilson S, Hobbs FD. Helicobacter pylori test and treat versus proton pump inhibitor in initial management of dyspepsia in primary care: multicentre randomised controlled trial (MRC-CUBE trial). *BMJ.* 2008 Mar 22;336:651-4.
4. Talley, Nicholas. "Management of Dyspepsia." *American College of Gastroenterology.* Am J of Gastroenterology, 2005. Web. 21 Aug. 2014.
5. Parkin, Donald M. "International Variation." *Oncogene* 23.38 (2004): 6329-6340. Web. 3 Feb. 2015.

Dyspepsia (Indigestion)

Discharge Instructions

You have dyspepsia (indigestion). This may be due to a number of causes including peptic ulcer disease, diet, smoking or alcohol, or an infection.

Diet and lifestyle

People with dyspepsia should eat a healthy balanced diet.

It does not help to eat more often or increase the amount of milk and dairy products you consume. These changes may even cause more stomach acid.

- Avoid foods and drinks that cause discomfort for you. For many people these include alcohol, coffee, caffeinated soda, fatty foods, chocolate, and spicy foods.
- Avoid eating late night snacks.

Other things you can do to ease your symptoms and help healing include:

- If you smoke or chew tobacco, try to quit. Tobacco will slow the healing of stomach. Talk to your doctor about getting help to quit using tobacco
- Try to reduce your stress level and learn ways to better manage stress.

Avoid drugs such as ibuprofen (Advil, Motrin), or naproxen (Aleve, Naprosyn). Take acetaminophen (Tylenol), as directed on the bottle, to relieve aches and pain. Take all medicines with plenty of water.

Medicines

Most patients with dyspepsia are started on a trial of a proton pump inhibitor - a medication which suppresses acid production in your stomach.

Taking antacids (such as Roloids or Tums) as needed between meals, and then at bedtime, may help healing also. Ask your doctor about taking these medicines.

If you are taking aspirin, do NOT stop taking an aspirin without talking to your doctor. Talk to your doctor about your medicine choices if your pain was caused by aspirin, as you may need to switch to enteric coated aspirin.

Follow-up

You need follow up with a Primary Care Physician in 4-8 weeks. We recommend that you discuss testing for H. pylori with this physician.

Dyspepsia (Indigestion)

Discharge Instructions (pg. 2)

Helicobacter pylori

H pylori is a bacteria that can cause infections in the stomach and small bowel that is very often the cause of GI distress. It is very strongly associated with peptic ulcer disease and is quite common across the world with up to 50% of adults on the planet being infected. Testing available includes breath testing and stool testing. If the testing is positive, there are several treatment options available via a short course of antibiotics. Your physician may possibly even recommend endoscopy (passing a camera to our stomach to look for signs of infection) based on your symptoms.

When to call the doctor

Get medical help right away if you:

- Develop severe or new/worse abdominal pain
- Have symptoms of light headedness, such as fainting or confusion, or excessive sweating,
- Vomit blood
- See blood in your stool (maroon, dark, or tarry black stools)

Call your doctor if:

- You feel dizzy or light-headed
- You feel full after eating a small meal portion
- You experience unintentional weight loss greater than 5-10 pounds.
- You are vomiting and unable to keep down food or water
- You lose your appetite

References

Adapted from U.S. National Library of Medicine Peptic Ulcer Disease Discharge Guidelines

Eichenseher, J. Peptic ulcer disease. In: Rakel D, ed. *Integrative Medicine*. 3rd ed. Philadelphia, PA: Saunders Elsevier; 2012:chap 42.

Lanza FL, Chan FK, Quigley EM: Practice Parameters Committee of the American College of Gastroenterology. Guidelines for prevention of NSAID-related ulcer complications. *Am J Gastroenterol*. 2009;104:728-738.

Vakil, Nimish . Peptic ulcer disease. In: Feldman M, Friedman LS, Brandt LJ, eds. *Sleisenger & Fordtran's Gastrointestinal and Liver Disease*. 9th ed. Philadelphia, PA: Saunders Elsevier; 2010:chap 52.