

Central Adelaide Gastroenterology and Hepatology Services

Clinical Information Sheet

DYSPEPSIA	Clinical Presentation/syndrome
Definition	Upper abdominal discomfort (including fullness, early satiation and epigastric pain)
Priority	<p><u>ALARM FEATURES PROMPTING URGENT ASSESSMENT:</u></p> <ul style="list-style-type: none"> • Age older than 55 years with <u>new</u>-onset dyspepsia (< 6 months) • Family history of upper gastrointestinal cancer (first degree relative at an age < 60 yrs) • Unintended weight loss (>5kgs) • Gastrointestinal bleeding • Progressive dysphagia • Odynophagia • Unexplained <u>new</u> iron deficiency anaemia • Persistent vomiting • Palpable mass or lymphadenopathy • Jaundice
Differential Diagnoses to be considered before referral:	<ol style="list-style-type: none"> 1. Functional dyspepsia 2. Gastro-oesophageal reflux disease 3. Peptic ulcer 4. Medications (aspirin, NSAIDs including COX-2 selective) 5. Biliary pain 6. Gastric, oesophageal or pancreatic cancer (least common)
Information required with referral	<p><u>History – please address all aspects:</u></p> <ul style="list-style-type: none"> • Length of history • Rate of onset, duration, and frequency of episodes • Precipitating or exacerbating factors (food, exertion) • Relieving factors (food, anti-acid medications) • Radiation (e.g. to back or shoulder) <p><u>Associated symptoms:</u></p> <ul style="list-style-type: none"> • Nausea, vomiting • Loss of appetite, loss of weight (how much, over what period?) • Heartburn, acid regurgitation, difficulty swallowing • Evidence of bleeding (vomiting fresh or altered blood, passage of black stool) <p><u>Medications</u> – particularly aspirin, NSAIDs (including OTC)</p>

Investigations required with referral	<ol style="list-style-type: none"> 1. Blood picture, iron studies if anaemic or MCH/MCV low 2. Biochemistry including liver enzymes 3. Helicobacter status (serology or urea breath test) 4. Previous endoscopic findings 5. Results of any abdominal imaging (ultrasound, CT) (Please send copies of investigation reports)
Pre-Referral management strategies	<p><u>In the absence of alarm features consider:</u></p> <ol style="list-style-type: none"> 1. testing and treating for Helicobacter and 2. a trial of acid suppression therapy, in those without alarm features

For more information

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