

Dyspepsia

brief update

Review long term PPI treatment

When is long term PPI treatment appropriate?

- Maintenance treatment of more severe grades of GORD or with frequent recurrences
- For gastric protection when NSAID use cannot be discontinued in high risk individuals
- Complicated disease or Barrett's oesophagitis

When is long term PPI treatment **not** appropriate?

- Functional dyspepsia
- After successful eradication of *H. pylori* associated with peptic ulcer
- In patients without investigation or a confirmed diagnosis

Recommended approach to treatment of dyspepsia

Check for alarm signals

If there are any alarm signals or signs of significant organic disease (such as cardiac or respiratory failure or neurological impairment) refer for endoscopy.

Alarm Signals

- Over 50 years at initial presentation
- F/H gastric cancer at under 50 years
- Previous peptic ulcer disease
- Ingestion of NSAIDs, particularly in older patients
- Severe or persistent dyspeptic symptoms
- Unexplained weight loss
- GI bleeding
- Anaemia
- Dysphagia
- Coughing spells or nocturnal aspiration
- Protracted vomiting
- Palpable abdominal mass

Review lifestyle factors and NSAID use

If symptoms include heartburn treat as gastro-oesophageal reflux disease (GORD) with step down therapy for three to six months

Step down therapy for GORD

The New Zealand guidelines recommend a step down approach. Patient comfort is optimised using a step down approach, with incremental changes in therapy being made at four to eight week intervals (NZGG 2004). Breakthrough symptoms will define the therapy necessary for continued symptom control (Kahrilas 2003).

Step One

Omeprazole 20mg or pantoprazole 40mg daily
30 minutes before breakfast with a glass of water.

Step Two

Omeprazole 10mg or pantoprazole 20mg daily
30 minutes before breakfast with a glass of water.

Step Three

Ranitidine 300mg BD, or famotidine 40mg BD.

Step Four

Ranitidine 150mg BD, or famotidine 20mg BD.

Step Five

Antacids, alginate (may be an option).

Continued...

If no heartburn:

- 👉 and *Helicobacter pylori* (*H. pylori*) prevalence >30% (Auckland, Māori, Pacific, Asian, low socioeconomic status) - Test and Treat with triple therapy;
- 👉 otherwise use H₂RAs (NNT = 5.6), or PPIs (NNT = 11.1)* for one to three months.

Failure of initial treatment:

- If there is failure of response to treatment refer for endoscopy.

Recurrence of symptoms:

- If symptoms recur after triple therapy, refer for endoscopy.
- If symptoms recur soon after cessation of initial therapy, re-evaluate and consider referral for endoscopy.

* NNT = Number Needed to Treat.

Key messages from the bpac^{nz} dyspepsia campaign

- PPIs are not drugs of choice in functional dyspepsia.
 - Most people taking PPIs for GORD can be stepped down to omeprazole 10 or 20mg once daily, or pantoprazole 20 or 40mg once daily, half an hour before breakfast with water.
 - Peptic ulcers are usually best treated by eradication of *H. pylori* after which no maintenance treatment is required.
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Eradication of *H. pylori* - Test and Treat

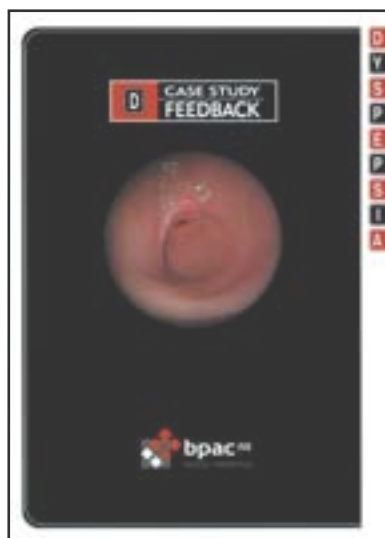
Testing for *H. pylori* and treating with triple therapy if the results are positive represents a useful approach to non-GORD dyspepsia. Test and Treat for *H. pylori* in those:

- Who originate from areas of high (>30%) *H. pylori* prevalence.
- With present or past history of peptic ulcer (NZGG 2004).

Urea breath tests and stool antigen tests are very accurate. Laboratory blood tests need to be validated locally and tend to be more reliable in areas of moderate to high prevalence of *H. pylori*.

**This document is based on the bpac^{nz} dyspepsia and heartburn POEMs April 2004.
Available from www.bpac.org.nz**

Other dyspepsia resources available from www.bpac.org.nz



References

bpac^{nz}. Dyspepsia POEM. April 2004. Available from www.bpac.org.nz

Kahrilas P. Medical Management of Gastroesophageal reflux disease. UpToDate software, version 11.3, 2003.

Management of dyspepsia and heartburn. New Zealand Guidelines Group (NZGG), June 2004. Available from www.nzgg.org.nz

Test yourself on the clinical case studies from www.bpac.org.nz