

FD should be introduced as a disorder of gut brain interaction (DGBI), together with a simple account of the gut brain axis and how this is impacted by diet, stress, cognitive, behavioural and emotional responses to symptoms and postinfective changes.

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer
References:
1. British Society of Gastroenterology guidelines on the management of functional dyspepsia, 2022
2. Dyspepsia Primary Care Algorithm, Manchester NHS 2024.

Dyspepsia

rule out

Red flags

- Unexplained weight loss**, particularly >55 years, combined any of the following features:
 - Upper abdominal pain (particularly if new or worsening)
 - Early satiety
 - Reflux symptoms
 - Dyspepsia
 - Nausea and/or vomiting

Wt loss means 5% loss

Symptoms

- Heartburn (burning sensation on chest usually after eating)
- Regurgitation (an unpleasant sour taste in mouth caused by stomach acid)
- Waterbrash (excessive salivation)
- Indigestion - discomfort or burning in the stomach, belching, nausea after eating, early satiety.

Investigations

- H. pylori test and treat, STOP acid suppression 2/52 prior.
- Coeliac screen.
- If > 55y FBC

Management

Lifestyle

- Avoid triggers.
- Main meal >4 hours before bed.
- Head of bed 6 inches higher with wedge under mattress.
- Gut brain behavioural therapies.

- Coffee.
- Chocolate.
- Fatty foods.
- OH.
- Broccol.
- Radish.
- Celery.
- Green olives.
- Olive oil.
- Dry fruits.
- Butter.

- CBT.
- Stress management.
- Hypnotherapy.

Medication

- Full dose PPI therapy for 1/12 (e.g. omeprazole 40mg OD).

- To avoid risk of deficienecies, take a simple OTC multivitamin with Fe, B12, Mg.

If fails

- Further 1 month treatment
- Add in H2RA (e.g Famotidine 40mg ON for nocturnal symptoms)
- Increase PPI or Switch PPI

2nd line treatments

- Tricyclic antidepressants (TCAs) used as gut brain neuromodulators.
- Antipsychotics, such as sulpiride 100 mg four times a day.
- Pregabalin 75mg OD.
- Mirtazapine 15mg ON.
- No EVIDENCE for SSR or SNRI.