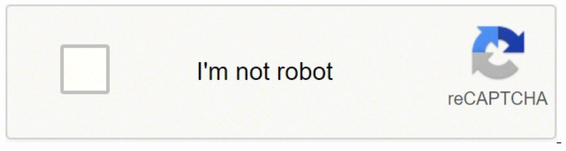

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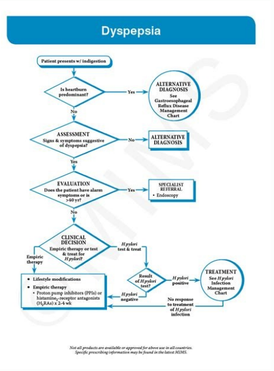
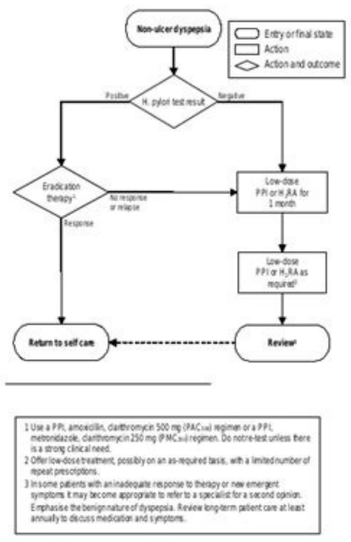
Nice guideline dyspepsia



Management flowchart for patients with non-ulcer dyspepsia



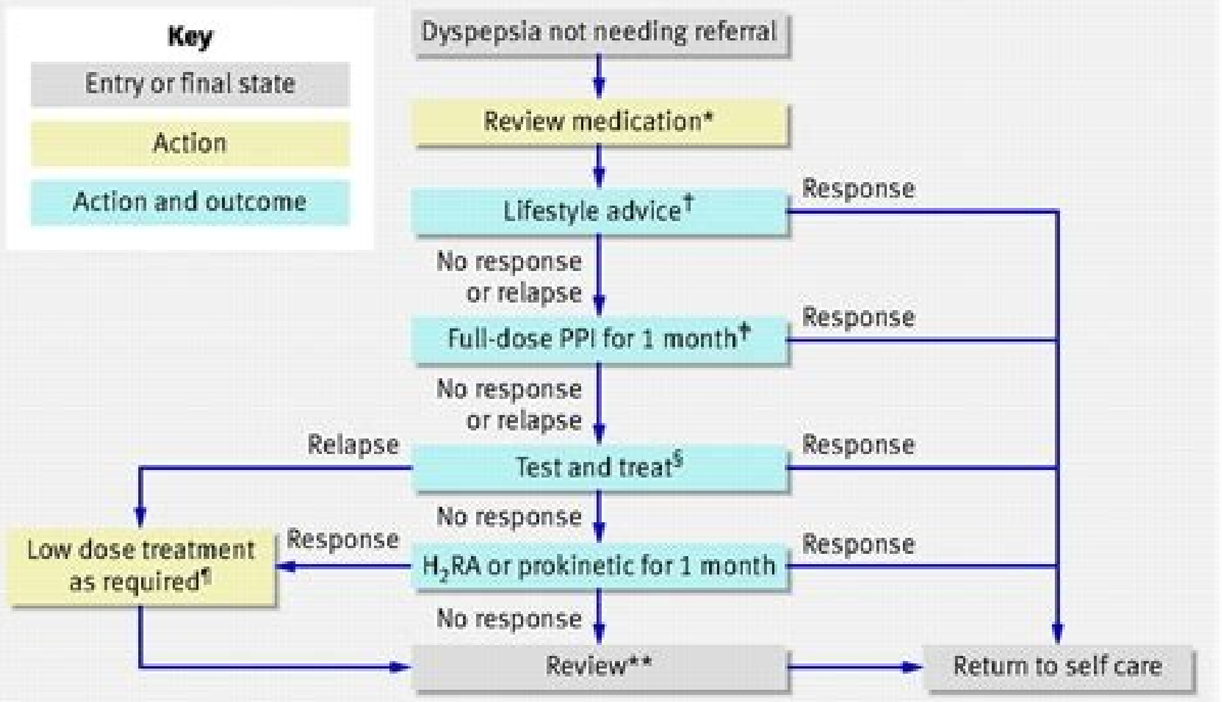
1 Use a PPI, amoxicillin, clarithromycin 500 mg (PAC$_{500}$) regimen or a PPI, metronidazole, clarithromycin 250 mg (PMC$_{400}$) regimen. Do not re-test unless there is a strong clinical need.
2 Offer low-dose treatment, possibly on an as-required basis, with a limited number of repeat prescriptions.
3 In some patients with an inadequate response to therapy or new emergent symptoms it may become appropriate to refer to a specialist for a second opinion. Emphasise the benign nature of dyspepsia. Review long-term patient care at least annually to discuss medication and symptoms.

Family History

- One first degree relative diagnosed <45yrs
- Two first degree relatives diagnosed at any age
- Multiple generations affected within family
- NB Marginal benefit! (Grade B)

Dyspepsia

Cause	Treatment
GORD	PPI, lifestyle
Non-ulcer dyspepsia	PPI, HP eradication
'Gastritis', 'duodenitis'	PPI, HP eradication
GU	Medications, PPI, HP eradication
DU	HP eradication, PPI, medications
Upper GI cancer	**Needs Endoscopy!**



PPI=proton pump inhibitor; H_2RA=histamine H_2 receptor antagonists

* Review medications for possible causes of dyspepsia (such as calcium antagonists, nitrates, theophyllines, bisphosphonates, corticosteroids, and non-steroidal anti-inflammatory drugs)

† Offer lifestyle advice—including advice on healthy eating, weight reduction, and stopping smoking—and encourage continued use of antacids or alginates

† Evidence is inadequate to guide whether treatment with proton pump inhibitor or "test and treat" for H pylori should be offered first. If symptoms persist or return after initial treatment, offer the other treatment

§ To test for H pylori, use urea breath test, stool antigen test, or, when performance has been validated, serology

For eradication, use regimen of (a) a proton pump inhibitor, amoxicillin, and clarithromycin 500 mg, or (b) a proton pump inhibitor, metronidazole, clarithromycin 250 mg. Do not retest even if dyspepsia remains unless there is a strong clinical need

¶ Offer a limited number of repeat prescriptions for low dose treatment. Discuss using treatment only as required to help patients manage their own symptoms

** Some patients with an inadequate response to treatment may merit referral to a specialist. Emphasise the benign nature of dyspepsia. Review long term patient care at least annually

They apply in England and Wales (see the British government website and the Welsh government website). It is not mandatory to apply the recommendations and the guidelines do not prevail the responsibility of making appropriate decisions to the circumstances of the individual, in consultation with them and their families and guardians or guardians. All problems (adverse events) relating to a medicine or medical device used for treatment or in a procedure must be reported to the regulation agency of medicines and sanitary products using the yellow papers scheme. This standard of quality covers investigations and management of the symptoms of dyspepsia (indigestion) and the disease of gastroo-exophageal reflux (burning of stomach or reflux) in adults (of ETã equal to or greater than 18 years). This guideline was previously called dyspepsia and gastroesophageal reflux disease: investigation and management of dyspepsia, symptoms that suggest gastroo-esophageal reflux disease or both. Pylori with breath test or an antigen test intervention of the feces for the disease of gastro-exophageal reflux (Gord) offer people a full-dose PPI (see Table 1 in the notes) for 8 weeks to heal severe oesophagitis, taking into account preference of the person and clinical circumstances (for example, underlying health conditions and possible interactions with other drugs). We have not found new tests that influence recommendations in this guideline. The decisions on how they apply in Scotland and Northern Ireland are taken from the ministers of the Scottish government and the North Ireland manager. We check our quality standards every August to make sure they are updated. Offer PPI at complete doses (see Table 2) or H2ra for 8 weeks and, if it is present h pylori, offer the therapy of Erandicata subsequently to people with peptic ulcer (gastric or duodenal) and Hpyri. Initial treatment, depending on the size of the lesion interventions for the management of the functional dyspepsia of Di The determined non -ulcer dyspepsia involves an initial treatment for H. Note: Table 1: PPI doses for oesophagitis severe ppi dose dose/standard with low dose (dose on request) double dose dose of esomeprazole 40 mg once a day 20mg once per day 40 mg twice a day a day lansoprazole 30 mg once a day 15 mg per day 30 mg twice a day omeprazole 40 mg once a day 20 mg per day 40 mg twice a day pantoprazole 40 mg once per per Day 20 mg per day 40 mg twice a day Rabeprazole 20mg once a day 10 mg per day 20mg twice a table of day 2: ppi doses for peptic ppi ppi ppi dose/standard low dose dose (dose on request) dose dose Double esomeprazole 20 mg* Once a day not available 40 mg *** once a day Lansoprazolo 30mg once a day 15mg per day 15mg per day 15mg per day 30 mg ** twice a day omeprazole 20 mg once a day 10 mg* per day 40 mg Once a day Pantoprazole 40 mg once a day 20 mg per day 40 mg twice a day Rabeprazole 20 mg once a day 10mg per day 20mg twice a day* lower than the lower than the lower one* lower* lower than that Piu at the bottom* lower than the dose of authorized starting for Esomeprazolo in Gord, which is 40 mg, but considered dose-equivalent lent to other PPIs. When you undertake the meta-analysis of the dose erelated effects, an esomeprazole classified well 20 mg as a complete dose equivalent of omeprazole 20 mg ** off-label dose for gord *** 40 mg is recommended as a double dose of esomeprazole because on 20 mg the dose is considered equivalent to the omeprazole 20 mg. Discuss the person's preferences and their individual risk factors (for example, long duration of symptoms, increase in the frequency of symptoms, previous esophagitis, previous Hernia Iiatus, esophageal stenosis or esophageal ulcers or male). They should do it in the context of local and national priorities for the financing and development of services and in the light of their duties to have due to the need to eliminate illegal discrimination, make the equality of the opportunities and reduce health inequalities. Guidelines development process as we develop the guidelines Not guidelines this guideline updates and replaces the Nice Guidelines CG17 CG17 2004). Commissioners and suppliers have the responsibility of promoting an ecological sustainable health system and care and should evaluate and reduce the environmental impact of the implementation of beautiful recommendations if possible. It describes high quality care in priority areas for improvement. Pilorithere is currently insufficient test to drive that the 2- week washing period should be offered after the use of PPI is necessary before the tests for H. Pylori tests and the EraDication H. We controlled this Guidelines in February 2019. Commissioners for the health workers and professionals of adults with Gord or Gord or dyspepsia and their families are updated? This guideline covers investigations and management of gastroo-esophageal reflux disease (Gord) and dyspepsia in people of Et equal to or greater than 18 years. Pylori cannot be recommended due to their inadequate performance for patients who are positive, provide a treatment course twice a day consisting of a full -dose PPI with additional drugs as described in the object connected for complete details, then do reference to the complete guideline (1). When they exercise their judgment, professionals and professionals are expected to fully take into account this guideline, together with the individual needs, preferences and values of their patients or people who use their service. Pylori if present, followed by a symptomatic management and the periodic monitoring re-test after eradication should not be offered habitually, although the information it provides can be evaluated by individual patients referral to a specialist service to consider referral to a specialist service For people: of any age with gastroo-esophageal symptoms that do not respond to treatment or inexplicable with suspicious gords who Thinking about surgery with H Pylori who did not respond to second -line eradication therapy that examines patients's care offer patients who require long -term management of symptoms for dyspepsia and annual annual Of their condition, encouraging them to try to resign or stop the return of the self-treatment treatment with anti-acid and/or alginate therapy (prescribed or purchased from the counter and taken as required) could be appropriate. Reference: Last modification 03/2019 and last review of the 06/2021 connections: does not cover the diagnosis or management of esophagus or stomach cancer. Local commissioners and health care providers have the responsibility to allow the application of the guidelines when individual professionals and people who use services wish to use it. Recognizing and studying the symptoms of suspected cancer in primary care is covered by the standard of quality of a suspicious tumor. It aims to improve the treatment of Gord and dyspepsia by formulating detailed recommendations on the eradication of Helicobacter Pylori and specifying when to consider the laparoscopic foundation and the postponement to specialist services. Ã ‚Fluorochinolone antibiotics: â €‹ â € ‹â ¢ in the Obreo 2019 we made changes to the recommendations on the eradication of H Pylori and the more updated page notes in this guideline to reflect new restrictions and precautions for the 'Use of antibiotics to fluorochinolone due to rare disabilities and potentially long lasting or irreversible side effects (see update for the safety of drugs for details). Find out how to use quality standards and how we develop them. The interventions for the peptic ulcer offer the therapy of eradication of H Pylori to the people who were positive for H Pylori and who have pathologies for peptic ulcer for people who use fans with diagnosed peptic ulcer, prevent the use of fans where possible. Offer a full -term full -term PPI (see notes) as a maintenance treatment for people with severe oesophagitis, taking into account the of the person and clinical circumstances (for example, tolerability of the PPI, underlying health conditions and possible interactions with other drugs) and the acquisition cost of the PPI do not usually offer usually To diagnose Barrett's esophagus, but consider it if the person has Gord. Click here you have 3 more open access pages. Pylori can be initially detected using a carbon-13-3 urea breath test or an antigen test of the stool or a serology based on a laboratory in which its performances were valid locally. The recommendations in this guideline represent Nice's opinion, arrived after careful consideration of the available tests. Holy Basse -based serological tests Direct urgent (to be performed within 2 weeks) to evaluate esophageal cancer n people: with dysphagia or eTã equal to or greater than 55 years with weight loss and one of the following: dyspup of reflux of upper abdominal pain dyspepsia suspect of stomach cancer Consider suspicious referral for the Via del Cancer (for an appointment within 2 weeks) for people) with an upper abdominal mass consistent with stomach cancer offers a higher gastrointestinal updating with direct access (to be performed within 2 weeks) to evaluate the Stomach cancer in people: with dysphagia or Etã equal to or over 55 years old with weight loss and one of the following: Super abdominal Abdominal Iore dyspemp, non -urgent spin -reference guide: suspicion of stomach carcinoma/esophageal carcinoma: consider the upper part of direct access not urgently g the astro -intestinal endoscopy to evaluate the carcinoma of the stomach/esophageal carcinoma in people with hematemesis considers the ' Gastrointestinal Endoscopy higher with direct access non -urgent access to evaluate stomach carcinoma/esophageal carcinoma People of ETã equal to or greater than 55 years with: Despy resistant to treatment or upper abdominal pain with low hemoglobin hemoglobin levels or high platelets raised with one of the following: nausea vomiting the despair for loss of weight dyspepsia abdominal pain or nausea or vomiting with one of the following: weight loss reflux The interventions of the upper abdominal pain for dyspepsia does not involve the initial therapeutic strategies for dyspepsia are an empirical treatment with a proton pump inhibitor (PPI) or the tests and the treatment of H. Summary from the Nice guideline on the management of the Dyspose are Presented below for possible causes of dyspepsia (for example, calcium antagonists, nitrates, theophylline, biphosphonates, corticosteroids and non -steroidal anti -inflammatory drugs [NSAID]). Recommendations This guideline includes recommendations on: Who is it? How to use quality standards and how we develop their quality standards help you improve the quality of the treatments that you provide or commissioner. Nothing in this guideline should be interpreted in a way that would be incompatible in respecting these duties. Duties.

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