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PRESS RELEASE

New guideline for the NHS on managing dyspepsia in adults in primary care

A new guideline published today by the National Institute for Clinical Excellence (NICE) and North of England Dyspepsia Guideline Development Group sets out how health professionals should manage the diagnosis, treatment and care of adults with dyspepsia in primary care. The guideline will ensure that the NHS is working to the same standards when supporting people with dyspepsia across England and Wales.

Dyspepsia is the medical term for indigestion – the pain or discomfort in the chest or upper abdomen that happens, sometimes after meals. Dyspepsia covers a number of symptoms such as feeling bloated, burping, or feeling or being sick. It also covers reflux, where some of the stomach contents come back up towards the mouth and can cause a burning sensation because of the acid that is in the stomach. The guideline recognises that for many people, dyspepsia can be managed by self-care with treatments and advice obtained from a local pharmacist. Even for those people who do present to a GP because their symptoms are more troublesome, dyspepsia can usually be managed within the primary care setting.

The guideline states that long term care should emphasise ‘patient empowerment’, for example, by promoting ‘on demand’ use of the lowest dose of a proton pump inhibitor (PPI). Patients should be reviewed annually and be offered the opportunity to step down or stop treatment where appropriate. Self-treatment with antacid and/or alginate therapy (either prescribed or purchased over-the-counter and taken as required) may be appropriate for many patients.

Other key recommendations made in the guideline include:

- **Medication review:** Medication should be reviewed for possible causes of dyspepsia, and in patients requiring referral for an endoscopy the use of non-steroidal anti-inflammatory drugs (NSAIDs) should be suspended.
- **Referral for endoscopy:** Urgent specialist referral for endoscopy (within 2 weeks) is indicated for patients of any age with dyspepsia when presenting with any of the following:
 - chronic gastrointestinal bleeding
 - progressive unintentional weight loss
 - progressive difficulty swallowing
 - persistent vomiting
 - iron deficiency / anaemia
 - epigastric mass or suspicious barium meal.

For patients without any alarm features, routine endoscopic investigation is not necessary.

- **Interventions for uninvestigated dyspepsia:** Initial therapeutic strategies for dyspepsia are empirical treatment with a proton pump inhibitor (PPI) or testing for and treating *Helicobacter pylori* (*H.pylori*).
- Particular strategies are recommended for **peptic ulcer disease, non-ulcer dyspepsia** and **gastro-oesophageal reflux disease (GORD)**:
 - *H. pylori* eradication therapy should be offered to *H. pylori* positive patients who have peptic ulcer disease.
 - Patients with non-ulcer dyspepsia should have initial treatment for *H. pylori* if present, followed by symptomatic management and periodic monitoring.
 - Patients who have GORD should be offered a full-dose PPI for 1 or 2 months. Recurrence of symptoms should be managed by the lowest 'on demand' dose of PPI required to control symptoms.
- ***H. pylori* testing and eradication:** Testing for *H.pylori* in primary care should take place using either a C13 Urea Breath Test or a stool antigen test, or laboratory-based serology where its performance has been locally validated.

Dr Robert Walt, Consultant Gastroenterologist at Birmingham Heartlands Hospital and member of the Guideline Development Group stated: "Dyspepsia is a condition which affects 40% of people annually and which causes a lot of distress and discomfort. Despite this, only 2% of the population consult their GP. These guidelines set a direction that encourages people with dyspepsia and the health professionals that advise them to discuss and agree how they use the treatments available to ensure best control of symptoms. The guideline also makes it clear when symptoms need further investigation to rule out a more serious underlying cause."

Brendan Delaney, Professor of Primary Care at the University of Birmingham, GP and member of the Guideline Development Group stated: "This guideline is of great importance to all adults with dyspepsia and GORD, and those working in primary care who are helping them manage their symptoms. This publication gives a comprehensive synthesis of the available evidence, and gives many important recommendations for management. It stresses the need for patient-centred care and a role for GPs, pharmacists and other health professionals as part of the care team. This guideline will inform, guide and help all who are helping to care for adults with dyspepsia."

Andrew Dillon, Chief Executive of NICE and Executive Lead stated: "I would like to thank the North of England Dyspepsia Guideline Development Group for all their hard work on this important guideline. This guideline is based on the best available evidence and has been developed following a collaborative and consultative approach involving health professionals and people with dyspepsia. These guidelines should help standardise the way people with dyspepsia are diagnosed, managed and treated. "

Ends

For more information contact Fraser Woodward at NICE on 020 7067 5905 or 07879 846 787. Out of hours press office enquiries - 07775 583 813.

Notes to Editors

About NICE

1. NICE is part of the NHS. It is the independent organisation responsible for providing national guidance on treatments and care for those using the NHS in England and Wales. Its guidance is for healthcare professionals and patients and their carers to help them make decisions about treatment and healthcare. For further information about NICE you can visit www.nice.org.uk.
2. NICE produces guidance in three areas of health:

- the use of new and existing medicines and treatments within the NHS in England and Wales – technology appraisals.
- the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales – clinical guidelines.
- whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use – interventional procedures.

NICE also funds three enquiries that undertake research into the way patients are treated to identify ways of improving the quality of care (the investigations are known as confidential enquiries).

3. NICE guidance and recommendations are prepared by independent groups that include professionals working in the NHS and people who are familiar with the issues affecting patients and carers.

About clinical guidelines

4. Clinical guidelines are recommendations on the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales. They sit alongside, but do not replace, the knowledge and skills of experienced health professionals.
5. Our clinical guidelines are developed by independent groups that include healthcare professionals working in the NHS, patients and people who are familiar with the issues affecting patients and carers. Professional and patient/carer groups whose members are likely to be affected by the guideline are able to submit information and comment on the recommendations before they are finalised.