

# Indigestion (dyspepsia) in adults

Understanding NICE guidance – information for  
people with dyspepsia, their families and  
carers, and the public

August 2004



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## **Indigestion (dyspepsia) in adults**

### **Understanding NICE guidance – information for people with dyspepsia, their families and carers, and the public**

**Issue date:** August 2004

#### **To order copies**

Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N0690. A version in English and Welsh is also available, reference number N0691. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N0691. The NICE clinical guideline on which this information is based, 'Dyspepsia – management of dyspepsia in adults in primary care', is available from the NICE website ([www.nice.org.uk/CG017NICEguideline](http://www.nice.org.uk/CG017NICEguideline)). A quick reference guide for healthcare professionals is also available from the website ([www.nice.org.uk/CG017NICEquickrefguide](http://www.nice.org.uk/CG017NICEquickrefguide)), and the NHS Response Line, reference number N0689.

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ISBN: 1-84257-756-5

Published by the National Institute for Clinical Excellence  
August 2004

Printed by Abba Litho (Sales) Ltd, London

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## About this information

This information describes the guidance that the National Institute for Clinical Excellence (called NICE for short) has issued to the NHS on the management of dyspepsia. It is based on 'Dyspepsia – management of dyspepsia in adults in primary care', which is a clinical guideline produced by NICE for doctors, nurses and others working in the NHS in England and Wales. Although the information in this booklet has been written chiefly for people with dyspepsia, it may also be useful for family members, those who care for people with dyspepsia, and anyone with an interest in dyspepsia or in healthcare in general.

## Clinical guidelines

Clinical guidelines are recommendations for good practice. The recommendations in NICE guidelines are prepared by groups of health professionals, scientists and lay representatives with experience or knowledge of the condition being discussed. The groups look at the evidence available on the best way of treating or managing a condition and make recommendations based on this evidence.

There is more about NICE and the way that the NICE guidelines are developed on the NICE

website ([www.nice.org.uk](http://www.nice.org.uk)). You can download the booklet 'The guideline development process – an overview for stakeholders, the public and the NHS' from the website, or you can order a copy by phoning the NHS Response Line on 0870 1555 455 and quoting reference number N0472.

## What the recommendations cover

NICE clinical guidelines can look at different areas of diagnosis, treatment, care, self-help or a combination of these. The areas that a guideline covers depend on the topic.

The recommendations in 'Dyspepsia – management of dyspepsia in adults in primary care', which are also described here, cover how your pharmacist and GP can help you to manage your symptoms: the role of lifestyle advice; which treatments to offer; when further diagnostic tests may be appropriate; and how to manage symptoms in the long term.

These recommendations apply to primary care, that is, treatment by your GP pharmacist or practice nurse. They do not apply to hospital care. This guideline does not address rare but serious causes of indigestion that require hospital care.

The information that follows tells you about the NICE guideline on the management of dyspepsia (indigestion). It doesn't attempt to explain dyspepsia or describe the treatments in detail. If you want to find out more about dyspepsia, NHS Direct may be a good starting point. You can view the NHS Direct website at [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) or call NHS Direct on 0845 46 47. If you have questions about the specific treatments and options mentioned in this booklet, talk to your healthcare professional (pharmacist, doctor, nurse or other person depending on what it is you want to know).

## How guidelines are used in the NHS

In general, health professionals working in the NHS are expected to follow NICE's clinical guidelines. But there will be times when the recommendations won't be suitable for someone because of his or her specific medical condition, general health, wishes or a combination of these. If you think that the treatment or care you receive does not match the treatment or care described in the pages that follow, you should discuss your concerns with your GP.

## If you want to read the other versions of this guideline

There are four versions of this guideline:

- this one
- the NICE guideline, 'Dyspepsia – management of dyspepsia in adults in primary care' (NICE Clinical Guideline 17)
- a short version of the NICE guideline (a 'quick reference guide'), which has been distributed to people working in the NHS
- the full guideline, which contains all the details of the guideline recommendations, how they were developed and information about the evidence on which they are based.

All versions of the guideline are available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). This version and the quick reference guide are also available from the NHS Response Line – phone 0870 1555 455 and give the reference number(s) of the booklet(s) you want (N0690 for this version, N0691 for this version in English and Welsh, and N0689 for the quick reference guide).

## Indigestion (dyspepsia)

Indigestion is the word used to describe pain or discomfort in the chest or upper abdomen that happens, sometimes after meals. The medical word for indigestion is dyspepsia. Indigestion covers a number of symptoms, such as feeling bloated, burping, or feeling or being sick. It also covers reflux, which is where some of the stomach contents come back up towards the mouth. The person feels a burning sensation because of the acid that's in the stomach. The glossary on page 26 describes some of the words used in this booklet but your doctor or pharmacist will be able to give you more information about dyspepsia.

## Seeing a pharmacist

If you are having a problem and you think it may be indigestion (dyspepsia), your pharmacist may be able to help. Pharmacists can advise about:

- things you can do to help reduce the indigestion – these include eating healthily, losing weight if you're overweight, stopping smoking and avoiding foods that trigger an attack
- what you can buy to help with indigestion – the medicines that can help are called antacids and alginates
- when to see your GP (see the information below)
- how to use any medicine your GP prescribes for your symptoms.

Most people manage fine if they follow the general advice for reducing indigestion and use indigestion medicines ('over-the-counter' ones, which can be bought without a prescription). But if you feel that you are taking an indigestion medicine all the time for several weeks or that your symptoms are affecting your normal activities, you should see your GP.

## Seeing a GP

If you see your GP because of what seems to be indigestion, he or she should discuss what happens when you get the indigestion. Your GP should also check what medicines you are taking because some of these can cause indigestion. Some examples of medicines that can have indigestion as a side effect are shown in the box below.

### Types of medicines that can cause indigestion

- Calcium antagonists
- Nitrates
- Theophyllines
- Bisphosphonates
- Steroids
- Non-steroidal anti-inflammatory drugs (called NSAIDs for short)

These are the general names given to groups of medicines – your doctor or pharmacist can give you more information on the specific medicines you take and their side effects

When talking to you, the GP should consider whether your symptoms could be being caused by another medical condition. In particular, they should look out for problems with your heart and for medical conditions that affect the gall bladder or bile ducts, which are in your

abdomen and are involved in the digestion of food.

The action that you and your GP decide on will depend on your symptoms.

## The standard treatment

Your GP may talk through the same advice that was described earlier in the section about seeing a pharmacist, and you may agree to see how it goes without doing anything more. But if your life is really being affected by your indigestion, your GP should offer one of two treatments that seem to work equally well – these are described below.

### A proton pump inhibitor

One treatment is a 1-month course of treatment with a type of medicine called a proton pump inhibitor (PPI for short). Proton pump inhibitors stop the stomach from producing acid. The stomach produces acid to help break down food, but sometimes the acid can irritate the stomach and cause indigestion.

### Antibiotics for *Helicobacter pylori*

The other treatment your GP may recommend is a course of antibiotics to get rid of a certain

type of bacteria called *Helicobacter pylori* (*H. pylori* for short). Before you have the antibiotics, you should be tested to see whether you have the bacteria. In the box below, there is some information on testing and treating *H. pylori*.

### Testing for and treating *H. pylori* infection

There are several ways of testing for *H. pylori*. It could be a breath test or it could be a test that's done on a blood sample or a stool sample – your GP will be able to explain what is involved. If you are going to have a breath test or need to give a stool sample, your GP should ask you to stop taking some prescribed medicines for dyspepsia for at least 2 weeks before the test. There are some blood tests for *H. pylori* that can be done in the GP's surgery, but the ones that are available at the moment give unreliable results so they aren't recommended.

If you have a second test for *H. pylori*, it should be the breath test.

If you are found to have *H. pylori*, you should be offered the following to get rid of it (this is known as 'eradication therapy'):

- a PPI to take for 7 days, and two types of antibiotics, which are either:

- metronidazole and clarithromycin, or
- amoxicillin and clarithromycin.

If you need to repeat the eradication therapy, you should be prescribed different antibiotics from the ones you had the first time

### **If the symptoms come back**

If your symptoms come back after you've tried the medicines, you should be offered another prescription for a PPI at a lower dose. Your GP should ask you to try taking the PPI just when you need it to help your symptoms.

### **If the PPI doesn't work**

If the PPI isn't helping with your symptoms, your GP should offer you other medicines. The general names for these groups of medicines are H2 blockers (you may hear them called H2 receptor antagonists or H2RAs) and prokinetics. Although these haven't been shown to work as well as PPIs in clinical trials, some people find them helpful.

### **If you have brought up blood**

If you have brought up (vomited) blood unexpectedly and severely, your GP should send you to hospital the same day to see a specialist.

## Other reasons to see a specialist or to have tests

If you have one or more of the following, your GP should discuss seeing a specialist or having an endoscopy urgently (that is, within 2 weeks). This should be the case if you have:

- vomited small amounts of blood
- been steadily losing weight without dieting
- had difficulty swallowing food
- been sick (vomited) a lot over a period of time
- been found to have anaemia because you're low in iron (anaemia is where your blood is low in haemoglobin, which is the part that carries oxygen around the body)
- have a lump in your abdomen.

You should also see a specialist or have an endoscopy if you've had an investigation called a barium meal and this has shown a possible problem.

Normally, an endoscopy shouldn't be offered to people who don't have any of these problems.

### If you're over 55

People over 55 who continue to have problems with indigestion used to be routinely sent for endoscopy. This is no longer recommended because, unless there are any other reasons for

endoscopy (like the ones described above), the results of the endoscopy would be very unlikely to change the treatment offered to you. And also, there's a small risk that the endoscopy itself will cause damage.

But there are some circumstances where you may be offered endoscopy. These are if you're still having problems despite trying medicines and having the test and treatment (if you needed it) for H. pylori and:

- you've had a stomach ulcer or an operation on your stomach at some time, or
- you're taking an NSAID for another medical condition, or
- there's some concern about the possibility of stomach cancer (your doctor will discuss this with you if you are worried about cancer).

### If you're over 80

A person over 80 should have the same treatment options as a younger person with indigestion. But if you have another medical problem or you're taking other medicines, your doctor will take this into account when you're discussing how to help your symptoms.

## If you are going to have endoscopy

If your GP does refer you for endoscopy, he or she should ask you to stop taking any prescribed medicines for dyspepsia at least 2 weeks beforehand. These medicines can hide some of the problems that could otherwise be spotted during the endoscopy. You can continue to take antacids up until your endoscopy.

## What an endoscopy can tell you

Depending on what the doctor sees during your endoscopy, you're likely to receive one of three diagnoses:

- gastro-oesophageal reflux disease (called GORD for short)
- peptic ulcer disease (which is where you have an ulcer in your stomach or the first part of your intestine)
- non-ulcer dyspepsia (where you have indigestion but it's not being caused by an ulcer).

Sometimes, stomach problems can be a sign of stomach cancer, though it is not a common cause. But if it is stomach cancer, it should be spotted during endoscopy.

## A note about psychological treatments

Although psychological treatments may help some people's symptoms in the short term, GPs don't usually offer them to patients with indigestion. Examples of psychological treatments are psychotherapy and what's called cognitive behavioural therapy.

## **If you have gastro-oesophageal reflux disease (GORD)**

### **The standard treatment**

If you are diagnosed with GORD, your GP should offer you a course of treatment with a medicine called a proton pump inhibitor (PPI for short). The course should last for 1 or 2 months.

### **If your symptoms come back**

If your symptoms come back after you've stopped taking the PPI, your GP should offer you another prescription for a PPI, but at the lowest dose possible to relieve your symptoms, and ask you to try taking it just when you need it to help your symptoms. You should only get a certain number of repeat prescriptions before your doctor asks to see you again.

### **If the PPI doesn't work**

If the PPI isn't helping with your symptoms, your GP should offer you other medicines. The general names for these groups of medicines are H2 blockers (you may hear them called H2 receptor antagonists or H2RAs) and prokinetics. Although these haven't been shown to work as well as PPIs in clinical trials, some people find them helpful.

## Surgery

Although surgery can help GORD, it shouldn't be offered routinely to everyone because, like all operations, there's a small chance that it can go wrong or cause more problems. But if your life is being badly affected by your symptoms, your doctor may discuss surgery with you.

If you've got what's known as an oesophageal stricture, which is where the gullet has become narrow, you may have an operation to widen it again. If you've had this operation, your doctor should explain that you'll need to keep taking a PPI for a long time.

## If you have peptic ulcer disease

### The standard treatment

If you are diagnosed with peptic ulcer disease, your GP should offer a test to see if you have bacteria called *Helicobacter pylori* (H. pylori for short) in your stomach. If you do, you should be offered a course of antibiotics to get rid of it (there's more information on this on page 10).

If you don't have H. pylori and you're not taking an NSAID (see page 21), your GP should offer to prescribe a month's course of a proton pump inhibitor (PPI). This works by limiting the amount of acid produced by the stomach.

If you have an ulcer in your stomach and you've been taking antibiotics to get rid of H. pylori, you should have another endoscopy 6–8 weeks after starting the treatment, to check how your ulcer is looking.

### If your symptoms come back

If your symptoms come back after you've stopped taking the PPI, your GP should offer you a prescription for a PPI at the lowest dose possible to relieve your symptoms and ask you to try taking it just when you need it to help your symptoms. You should only get a certain number

of repeat prescriptions before your doctor asks to see you again.

## If the medicines don't work

If the PPI isn't helping with your symptoms, your GP should offer you another medicine called an H2 blocker (you may hear these called H2 receptor antagonists or H2RAs). Although H2 blockers haven't been shown to work as well as PPIs in clinical trials, some people find them helpful.

If your ulcer doesn't heal up despite the medicines, your doctor should think about why this could be happening. Possible reasons are:

- if you have H. pylori but it has been missed
- if you're not taking the medicines at the right times or doses
- if you're taking other medicines that could be causing the symptoms
- if you have a condition that is causing the symptoms, such as Crohn's disease or Zollinger-Ellison syndrome (Crohn's disease is a condition where the intestine becomes inflamed, while people with Zollinger–Ellison syndrome produce too much acid in their stomachs, which can cause ulcers).

## If you take an NSAID

NSAID stands for non-steroidal anti-inflammatory drug. People take NSAIDs for things like arthritis and heart disease. If you take one, your GP should think about its effect, because NSAIDs can cause ulcers or make them worse. Your GP may recommend that you stop taking the NSAID, change medicines or take an extra medicine that will protect against the effect of the NSAID.

If you have been taking an NSAID and you have symptoms of indigestion, your doctor should offer you a PPI to take for 2 months. If you're found to have *H. pylori* in your stomach, you should be offered antibiotics to get rid of it once you've stopped taking the PPI.

If you carry on taking your NSAID after your ulcer has healed up, your GP should talk to you about the effects of the NSAID on the likelihood that you'll get more stomach problems. Your GP should regularly check whether you still need the NSAID (this should be checked at least every 6 months). You should be offered the chance to try taking it only when you need it (when the condition you take the NSAID for is bad). Or your doctor may talk about lowering the dose you take, switching to another NSAID at a lower dose, or using paracetamol or another type of painkiller instead of the NSAID.

If your doctor thinks that it's likely that you'll get more stomach problems, and you have to carry on with your NSAID, you should be offered another medicine that helps to protect against the effects of the NSAID on the stomach. Or your doctor should discuss changing to a newer type of NSAID, called a Cox-selective NSAID, which is easier on the stomach.

## If you have non-ulcer dyspepsia

### The standard treatment

If nothing shows up on your endoscopy, the diagnosis is non-ulcer dyspepsia. If you're diagnosed with this, your GP should test to see if you have bacteria called *Helicobacter pylori* (*H. pylori* for short) in your stomach. If you do, you should be offered a course of antibiotics to get rid of it (there's more information on this on page 10). It's not necessary to have another test after the antibiotics to check that they've worked.

If you don't have *H. pylori* or you still have indigestion even though antibiotics have cleared your *H. pylori* infection, your GP should prescribe a month's course of either a proton pump inhibitor (PPI) or an H2 blocker (you may hear these called H2 receptor antagonists or H2RAs). Both types of medicine work by limiting the amount of acid produced by the stomach.

### If symptoms continue or come back

If your symptoms carry on or come back after you've stopped taking the PPI or H2 blocker, your GP should offer you a prescription for a PPI or H2 blocker at the lowest dose possible to

relieve your symptoms and ask you to try taking it just when you need it to help your symptoms. You should only get a certain number of repeat prescriptions before your doctor asks to see you again.

You shouldn't keep taking antacids regularly for long periods. Although they help symptoms in the short term, they won't cure the problem.

## Long-term care

If you end up taking medicines for a long time, your GP should see you every year to see how you're getting on. He or she should discuss whether you could reduce or stop the treatment. It may be possible for you to go back to treating your symptoms with antacids or alginate medicines when you need to.

Your GP should also go back over the advice about healthy eating, losing weight and stopping smoking, and how you can limit things that might trigger your symptoms.

If you have long-term indigestion but without any new symptoms that concern your GP, endoscopy shouldn't normally be recommended. But there are some circumstances where, if you're over 55 and you're still having problems, you may be offered an endoscopy – see page 15 for more information on this.

## Glossary

### Some explanations to help you understand the information

***Alginates:*** Medicines that form a layer on top of the stomach contents and help to reduce reflux and protect the lining of the gullet – some medicines contain both an alginate and an antacid

***Antacids:*** Medicines that reduce excess acid in the stomach – some medicines contain both an alginate and an antacid

***Barium meal:*** A procedure that may be carried out to investigate problems with indigestion. It involves swallowing a liquid that contains barium. The barium coats the lining of the digestive system which makes these organs visible after X-ray of the stomach and intestine. This procedure is not used very often

***Endoscopy:*** A procedure sometimes carried out to investigate problems with indigestion. It involves using a narrow tube called an endoscope, to see inside the gullet and stomach. The endoscope is guided into the person's throat, down their gullet and into their stomach

***Dyspepsia:*** The medical name for indigestion

**GORD:** Short for gastro-oesophageal reflux disease. This is where the stomach contents are brought back up the gullet and sometimes even into the throat and mouth. The acid in the stomach contents gives a burning sensation (heartburn) when this happens. It can also damage the gullet and make it inflamed (this is called 'oesophagitis' – the medical name for the gullet is the oesophagus)

**Gullet:** Also known as the oesophagus, this is the tube that runs from the throat to the stomach

**H2 blocker:** Medicines that stop too much acid from being produced by the stomach. They block the effects of a body chemical called histamine that makes the stomach produce more acid

**Helicobacter pylori:** Bacteria that can cause ulcers which, in turn, can cause the symptoms of indigestion (sometimes written as H. pylori)

**Indigestion:** A pain or discomfort that some people feel in their chest or the upper part of their abdomen, sometimes after meals. The medical name is 'dyspepsia' – people with dyspepsia can burp or feel bloated, have a burning sensation at the top of their chest and in their gullet, have repeated spells of stomach pain, or can feel or be sick regularly

**Oesophagus:** Also known as the gullet, this is the tube that runs from the throat to the stomach

**Peptic ulcers:** Ulcers in the stomach or the first part of the intestine. They can cause indigestion. The word 'peptic' comes from a digestive enzyme called pepsin. In the stomach, acid and pepsin are produced to help digest food. Normally, they don't damage the stomach itself because the stomach protects itself in several ways. But if these defences fail, the acid and pepsin may cause an ulcer (a break in the lining of the stomach or the first part of the intestine)

**Prokinetics:** Medicines that make food pass through the stomach and first part of the intestine more quickly, so that indigestion is less likely

**Proton pump inhibitors (PPIs):** Medicines that stop the stomach from producing acid

**Reflux:** When the stomach contents are brought back up the gullet and sometimes even into the throat and mouth

## Further information

You have a right to be fully informed and to share in decision-making about your healthcare. If you need further information about any aspects of your symptoms or treatment, please ask your pharmacist, GP or a relevant member of your healthcare team. You can discuss this guideline with them if you wish, especially if you aren't sure about anything in this booklet, and they will be able to explain things to you. Your doctor should also give you or tell you where to get more information about indigestion and treatments.

For further details about the National Institute for Clinical Excellence (NICE), the Clinical Guidelines Programme or other versions of this guideline (including the sources of evidence used to inform the recommendations for treatment and care), you can visit the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

NICE has also issued other guidance that may be of interest to people with dyspepsia – it deals with newer NSAIDs for osteoarthritis and rheumatoid arthritis. This guidance can be found on the NICE website, and paper copies can be ordered from the NHS Response Line – phone 0870 1555 455 and quote reference number N0016 for the NICE guideline, N0018 for patient

information in English and N0019 for patient information in English and Welsh.

- Guidance on the use of cyclo-oxygenase (Cox) II selective inhibitors, celecoxib, rofecoxib, meloxicam and etodolac for osteoarthritis and rheumatoid arthritis. *NICE Technology Appraisal No. 27*. Available from [www.nice.org.uk/page.aspx?o=18033](http://www.nice.org.uk/page.aspx?o=18033)





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