NICE National Institute for Health and Care Excellence

NICE Pathways

Dyspepsia and gastro-oesophageal reflux disease in adults

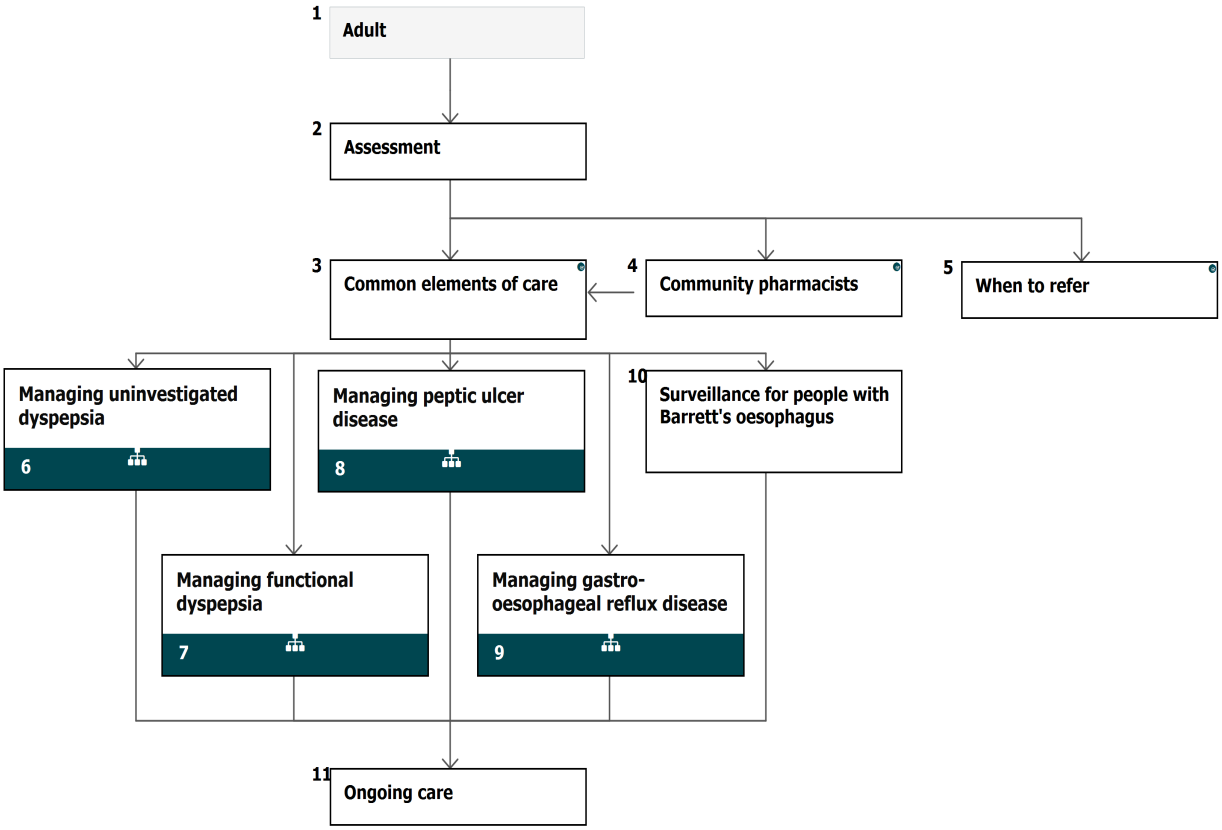
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/dyspepsia-and-gastro-oesophageal-reflux-disease

NICE Pathway last updated: 30 October 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult

No additional information

2 Assessment

Immediate referral

For people presenting with dyspepsia together with significant acute gastrointestinal bleeding, refer them immediately (on the same day) to a specialist. (Also see what NICE says on acute upper gastrointestinal bleeding.)

For more information about when to refer people to specialists when they present with symptoms that could be caused by cancer, see NICE's recommendations on suspected cancer recognition and referral.

Medication review

Review medications for possible causes of dyspepsia (for example, calcium antagonists, nitrates, theophyllines, bisphosphonates, corticosteroids and NSAIDs).

Differential diagnosis

Think about the possibility of cardiac or biliary disease as part of the differential diagnosis.

NICE has published a medtech innovation briefing on Peptest for diagnosing gastro-oesophageal reflux.

3 Common elements of care

Advice on lifestyle and avoiding precipitants

Offer simple lifestyle advice, including advice on healthy eating, weight reduction and smoking cessation.

Advise people to avoid known precipitants they associate with their dyspepsia where possible. These include smoking, alcohol, coffee, chocolate, fatty foods and being overweight. Raising the head of the bed and having a main meal well before going to bed may help some people.

Providing information

Provide people with access to educational materials to support the care they receive.

Psychological therapies

Recognise that psychological therapies, such as cognitive behavioural therapy and psychotherapy, may reduce dyspeptic symptoms in the short term in individual people.

Drug therapy

Encourage people who need long-term management of dyspepsia symptoms to reduce their use of prescribed medication stepwise: by using the effective lowest dose, by trying 'as-needed' use when appropriate, and by returning to self-treatment with antacid and/or alginate therapy (unless there is an underlying condition or comedication that needs continuing treatment).

Avoid long-term, frequent-dose, continuous antacid therapy (it only relieves symptoms in the short term rather than preventing them).

See what NICE says on medicines optimisation.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Dyspepsia and gastro-oesophageal reflux disease in adults

1. Advice to support self-management

4 Community pharmacists

Community pharmacists should offer initial and ongoing help for people with symptoms of dyspepsia. This includes advice about lifestyle changes, using over-the-counter medication, help with prescribed drugs and advice about when to consult a GP.

Community pharmacists should record adverse reactions to treatment and may participate in primary care medication review clinics.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Dyspepsia and gastro-oesophageal reflux disease in adults

1. Advice to support self-management

5 When to refer

Consider referral to a specialist service for people:

- of any age with gastro-oesophageal symptoms that are non-responsive to treatment or unexplained
- with suspected gastro-oesophageal reflux disease who are thinking about surgery
- with *H. pylori* and persistent symptoms that have not responded to second-line eradication therapy.

In NICE's recommendations on suspected cancer: recognition and referral, 'unexplained' is defined as 'symptoms or signs that have not led to a diagnosis being made by the healthcare professional in primary care after initial assessment (including history, examination and any primary care investigations).'.

See also what NICE says on suspected cancer recognition and referral.

In people needing referral, suspend NSAID use.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Dyspepsia and gastro-oesophageal reflux disease in adults

5. Referral to a specialist service

6 Managing uninvestigated dyspepsia

See Dyspepsia and gastro-oesophageal reflux disease / Managing uninvestigated dyspepsia in adults

7 Managing functional dyspepsia

See Dyspepsia and gastro-oesophageal reflux disease / Managing functional dyspepsia in adults

8 Managing peptic ulcer disease

See Dyspepsia and gastro-oesophageal reflux disease / Managing peptic ulcer disease in adults

9 Managing gastro-oesophageal reflux disease

See Dyspepsia and gastro-oesophageal reflux disease / Managing gastro-oesophageal reflux disease in adults

10 Surveillance for people with Barrett's oesophagus

Consider surveillance to check progression to cancer for people who have a diagnosis of Barrett's oesophagus (confirmed by endoscopy and histopathology), taking into account:

- the presence of dysplasia (also see NICE's recommendations on managing Barrett's oesophagus)
- the person's individual preference
- the person's risk factors (for example, male gender, older age and the length of the Barrett's oesophagus segment).

Emphasise that the harms of endoscopic surveillance may outweigh the benefits in people who are at low risk of progression to cancer (for example, people with stable non-dysplastic Barrett's oesophagus).

11 Ongoing care

Offer people who need long-term management of dyspepsia symptoms an annual review of their condition, and encourage them to try stepping down or stopping treatment (unless there is an underlying condition or comedication that needs continuing treatment).

Advise people that it may be appropriate for them to return to self-treatment with antacid and/or

alginate therapy (either prescribed or purchased over-the-counter and taken as needed).

If people have had a previous endoscopy and do not have any new alarm signs, consider continuing management according to previous endoscopic findings.

For more information about alarm signs and when to refer people to specialists when they present with symptoms that could be caused by cancer see what NICE says on suspected cancer recognition and referral.

Glossary

H. pylori

Helicobacter pylori

H2RA

H_2 receptor antagonist

NSAID

non-steroidal anti-inflammatory drug

PPI

proton pump inhibitor

Sources

Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management (2014) NICE guideline CG184

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They

should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the

interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.