

Department of Propaedeutics of Internal Medicine and
Physical Rehabilitation

FUNCTIONAL DYSPEPSIA

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DEFINITION

Syndrome of functional dyspepsia – the complex of symptoms than includes the pain and feeling of the discomfort in epigastrical area, heaviness and feeling of owerflow after meal, early saturation, swelling of the stomach, nausea,vomiting,heartburn and other signs at which it is not possible to reveal organic pathology.

EPIDEMIOLOGY

Symptoms of dyspepsia occur in 15-40% of the population.

Only 50% of patients who have dyspeptic complaints seek medical attention.



Etiology

- Hereditary factors
- Alimentary faults (onions, mayonnaise, nuts, citrus fruits, chocolate, coffee, cola)
- Smoking
- Alcohol
- Drugs
- Infection *Helicobacter pylori*
- Psychogenic factors



Clinical manifestations

- Patients have one or more specific complaints:
- Postprandial overflow is an unpleasant feeling of prolonged stay of food in the stomach.
- Early satiety - a feeling of full stomach immediately after eating.
- Epigastric pain.
- Burning in the epigastrium - an unpleasant sensation of heat in the epigastric region.

Classification

1. According to the type of dyspepsia

- The ulcer-like type
- The dysmotor type
- The nonspecific type

2. According to the stage of dyspepsia

- Stage of an aggravation
- Stage of unstable remission
- Stage of remission

Diagnosis

Diagnostic criteria

1. One or more of the following criteria must be available:

- Postrandial overflow.
- Early saturation.
- Epigastric pain
- Epigastric burning.

* The criteria meet the requirements for the presence of symptoms during the last 3 months.

2. No signs of organic diseases.

To establish the diagnosis, it is necessary to pay attention to the symptoms of anxiety ("red flags"):

- fever.
- progressive dysphagia.
- gastrointestinal bleeding.
- unmotivated weight loss.
- anemia.
- leukocytosis.
- symptoms of dyspepsia that first appeared at the age of 45 years.



Additional methods of examination:

- ✓ clinical blood analysis
- ✓ clinical analysis of urine
- ✓ coprogram
- ✓ Glucose test
- ✓ Test for occult bleeding detection
- ✓ Esophagogastroduodenoscopy
- ✓ ultrasound examination
- ✓ Definition of *Helicobacter pylori*
- ✓ Radiography
- ✓ biopsy



Treatment

- normalization of lifestyle
- dietary recommendations
- drug therapy
- psychotherapy



Normalization of lifestyle

- abandonment of bad habits
- reduction of stressors
- reduction of physical overstrain



Diet

- ✓ The diet should include mandatory first courses (soups and broths).
- ✓ Small portions 4-6 times a day.
- ✓ Food and drinks should be warm - not cold or hot.
- ✓ From drinks water, weak tea are recommended, and carbonated drinks should certainly be excluded.

In the case of a positive test for HP shown eradication antihelicobacter therapy (strategy «test and treat») using one of the schemes of antihelicobacter therapy (according to the recommendations of Maastricht IV 2010).



First-line drugs in the treatment of patients with functional dyspepsia include:

- ✓ proton pump inhibitors (PPI)
- ✓ H₂-histamine receptor blockers
- ✓ Prokinetic drugs



PPI

Active substance	Standard dose	Treatment scheme
OMEPRAZOLUM	1 capsule 20 mg	20 mg * 2 times a day
LANSOPRAZOLUM	1 capsule 30 mg	30 mg * 2 times a day
PANTOPRAZOLUM	1 tablet 40 mg	40 mg * 2 times a day
RABEPRAZOLUM	1 tablet 20 mg	20 mg * 2 times a day
ESOMEPRAZOLUM	1 tablet 20 mg	20 mg * 2 times a day

The duration of treatment is 4 weeks.

H2-histamine receptor blockers

- ✓ FAMOTIDINUM 20 mg 2 times a day
- ✓ RANITIDINUM 150 mg 2 times a day
- ✓ 4 weeks

Prokinetic drugs

- ✓ DOMPERIDONUM 10 mg 3 times a day
- ✓ ITOPRIDUM 50 mg 3 times a day
- ✓ 4 – 8 weeks

Second-line drugs in the treatment of patients with functional dyspepsia include antidepressants and anxiolytics. If there is no effect from first-line drugs, the patient should be referred to a psychotherapist or psychiatrist.



**THANK YOU
FOR YOUR
ATTENTION**

