DYSPEPSIA

WHAT IS IT?
Dyspepsia is a general term that refers to a functional abnormality of the digestive tract. Most commonly, it is used to describe a recurrent or persistent pain in the upper abdomen (above the navel).

Dyspepsia is a very common condition, affecting 5-7% of the world population and as much as 20% of people living in the United States.

WHAT ARE THE SYMPTOMS?
- Upper abdominal pain or discomfort located beneath the sternum (or breastbone).
- Bloating (a sensation of abdominal fullness without true swelling) or true abdominal swelling.
- Belching (usually caused by swallowing too much air when gulping food or drinking carbonated beverages).
- Nausea with or without vomiting.
- Early satiety (an early sense of fullness with meals).

WHAT CAUSES IT?
A wide variety of disorders can cause dyspepsia. These include problems with the stomach, gallbladder, liver, pancreas, and intestines. Stomach cancer is an uncommon cause of chronic dyspepsia, especially in patients under 45-55 years of age. Disorders outside of the digestive tract can also cause dyspepsia, such as diabetes, thyroid disorders, depression, and anxiety. An overview of common causes of dyspepsia is listed below:

- **“Functional” or “non-ulcer” dyspepsia (or indigestion)** is the most common type of dyspepsia. It refers to dyspepsia without an identifiable cause or visible abnormality of the digestive tract (such as an ulcer).
  - It is believed to be due to an abnormality of the muscles or nerves of the digestive organs. For example, the stomach may empty more slowly, or there may be an increased sensitivity to pain.
  - Common symptoms include pain or discomfort in the upper abdomen, bloating, and early satiety.
  - The goal of treatment is to decrease symptoms, as complete elimination of symptoms may be difficult.

- **Reflux** refers to the backflow of stomach contents into the esophagus and/or mouth due to a weakened circular muscle located at the end of the esophagus, where it joins the stomach.
  - Reflux is normal as long as it is brief and does not cause bothersome symptoms.
  - Reflux becomes gastroesophageal reflux disease (or GERD) when significant symptoms develop, such as recurrent heartburn, vomiting, and pain with swallowing.
  - Patients commonly experience burning in the chest (worse when lying down) and a bitter or sour taste in the back of the throat. Other symptoms may include hoarseness in the morning, the sensation of a lump in the throat, bad breath, dry cough, and worsening asthma symptoms.
  - Spicy foods, caffeinated beverages (eg. soda, coffee, tea), alcohol, tobacco, non-steroidal anti-inflammatory drugs (eg. ibuprofen, aleve), and aspirin can aggravate symptoms.

- **Peptic ulcer disease** (PUD) refers to ulcer formation in the stomach or upper small intestine (where food is emptied after passing through the stomach).
  - Eating food stimulates normal acid secretion. But abnormal acid secretion may persist for 3-5 hours, long after food has been emptied. Symptoms usually occur 2-5 hours after meals or on an empty stomach.
  - Ulcer pain is usually in the upper abdomen and may radiate to the back. It is often burning, gnawing, or “hunger-like” but may also be vague and crampy.
  - All the symptoms listed above can be present with PUD. Bleeding may also occur.
  - The 2 most common causes of PUD are medications (such as steroids and anti-inflammatory drugs, including aspirin, ibuprofen, and aleve) and Helicobacter pylori infection.

- **Helicobacter pylori (H. Pylori) infection** is a bacterial infection of the stomach that can lead to gastritis (inflammation of the lining of the stomach), ulcers, and (much less commonly) stomach cancer.
  - H. Pylori increases vulnerability of tissue to digestive acids by disrupting the protective mucous layer. It also causes the release of certain enzymes and toxins that can injure the cells of the stomach and small intestine.
  - Most people infected with H. Pylori have no symptoms and never develop problems.
HOW IS IT DIAGNOSED?
In patients who do not have serious symptoms, diagnosis is based primarily on their symptoms, physical exam, and response to treatment. Patients with functional dyspepsia and GERD usually respond to lifestyle changes and medications if needed. Testing for H. pylori is offered if infection is suspected.

If symptoms fail to improve in 4-8 weeks or if more serious symptoms develop, further testing by a specialist may include an upper endoscopy (a procedure that passes a small flexible tube with a camera through the mouth to examine the esophagus, stomach, and upper small intestine). Other diagnostic tests may be recommended in selected cases.

WHAT IS THE TREATMENT?

■ Lifestyle Changes
- Eat smaller, more frequent meals. Remember to chew and eat slowly.
- Avoid tight clothing, especially around the waist.
- Lose weight if you are more that 20 pounds overweight.
- For heartburn, avoid lying down after meals. If you have nighttime symptoms, avoid eating for 3 hours before bedtime and raise the head of your bed 6-8 inches.
- Chewing gum may also help heartburn because it increases saliva production, which helps clear any stomach acid that has entered the esophagus.
- Avoid medications that are irritating to the stomach lining (eg. aspirin, ibuprofen, aleve) or take them with food.
- Avoid fried and fatty foods, which can slow stomach emptying.
- Avoid caffeinated foods and beverages (eg. coffee, tea, soda, chocolate) because they can increase acid secretion.
- Avoid mints, garlic, onions, spicy foods, fresh citrus fruits, and tomatoes if they bother you.
- Avoid alcohol! Alcohol stimulates acid production in the stomach. Excessive use leads to inflammation and injury to the stomach lining.
- If you are a smoker, now is a good time to quit. Smoking decreases the production of saliva, a natural buffer, and also increases overall acid production.
- Attempt to reduce your stress level. Set aside a few minutes each day to engage in an activity that you enjoy. If you find that you are having difficulty coping with the stresses in your life, consult a healthcare provider at Student Health for assistance. University Counseling Services is also available at no charge to students on the Monroe Park Campus at 828-6200 and on the MCV Campus at 828-3964.

■ Medications
- Acid reducers are available over-the-counter and by prescription. Medications are generally continued for 4-8 weeks. Return to Student Health if symptoms do not improve after 2 weeks or if symptoms recur after finishing treatment.
  - Histamine receptor antagonists (such as Zantac, Pepcid, Axid, Tagamet) help to decrease acid output. These medications are often used for intermittent or milder dyspepsia symptoms.
  - Proton pump inhibitors (such as Prilosec, Nexium, Prevacid, Protonix) suppress acid to a greater extent but are more expensive. These medications work best when taken immediately before breakfast. In some cases, a second dose before dinner may be recommended.
- H. pylori treatment is only necessary when an infection is identified. Treatment usually consists of a proton pump inhibitor and 2 antibiotics that are taken for 7-14 days.

NOTIFY YOUR HEALTHCARE PROVIDER IMMEDIATELY IF YOU ARE:
- Vomiting bright red or “coffee ground” material or vomiting persistently.
- Having black or dark red stools.
- Having severe pain in the upper abdomen.
- Having difficulty or pain with swallowing.
- Experiencing indigestion along with shortness of breath, sweating, or pain radiating to the jaw, neck, or arm.
- Losing weight without trying.

RECOMMENDED WEBSITES:
- www.acg.gi.org/patients
- www.gastro.org
- digestive.niddk.nih.gov

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University Student Health Services (804) 828-8828 - Monroe Park Campus clinic
               (804) 828-9220 - MCV Campus clinic
Wellness Resource Center (804) 828-9355 - 815 S. Cathedral Place Reviewed 6/12