

Guidelines for dyspepsia in Primary Health Care in Greece

A) Referral

Recommendation 1

It is recommended to General Practitioners (GPs) and other Primary Health Care (PHC) physicians to directly refer for gastroscopy patients with new-onset dyspepsia who are over 45 years old or have one or more of the following alarm symptoms :

1. Acute gastrointestinal bleeding.
2. Difficulty in swallowing.
3. Odynophagia.
4. Dysphagia.
5. Unexplained progressive weight loss.
6. Persistent vomiting.
7. Iron deficiency anemia (women in reproductive age are excluded).
8. Palpable epigastric mass.
9. Family history of gastric cancer regardless of age.

Level of Evidence: III-3/ IV

Level of recommendation: B

Recommendation 2

It is recommended to GPs and other PHC physicians to refer for gastroscopy patients, negative for HP, that received empirical therapy with PPI and did not respond.

Level of Evidence: III

Level of recommendation: C

Recommendation 3

It is recommended to GPs and other PHC physicians to refer for gastroscopy patients with dyspepsia who received successful eradication therapy for HP, but their symptoms persist.

Level of Evidence: III- IV (Experts opinion)

Level of recommendation: C

Bi) Therapeutic Approach

Recommendation 4

It is recommended to GPs and other PHC physicians to test and treat for HP patients with new onset dyspepsia, who do not belong to the categories of recommendation 1.

Level of Evidence:II

Level of recommendation: B

Recommendation 5

It is recommended to GPs and other PHC physicians to test and treat for HP, patients who report a history of duodenal ulcer and a history of stomach ulcer with persistent infection on HP testing.

Level of Evidence:II

Level of recommendation: B

Recommendation 6

It is recommended to GPs and other PHC physicians for the detection of HP, the use of the Urea Breath Test (UBT) or alternatively the stool antigen test (HpSA Test).

Level of Evidence:II

Level of recommendation: B

Recommendation 7

It is recommended to GPs and other PHC physicians, for patients with new onset dyspepsia, who do not belong to the categories of recommendation 1 and without HP infection, to subscribe a common dose of proton pump inhibitor (PPI) for one month, personalized per occasion

Level of Evidence:II

Level of recommendation: B

Recommendation 8

It is recommended to GPs and other PHC physicians, for patients with new onset dyspepsia, who do not belong to the categories of recommendation 1 and with HP infection, to avoid administering the triple therapy with PPI x2 and clarithromycin 500 mg x2 and amoxicillin 1000mg x 2 or metronidazole 500 mg x3 , in areas with high resistance to clarithromycin.

Level of Evidence: IV

Level of recommendation: B

Recommendation 9

It is recommended to GPS and other PHC physicians as first choice for the HP eradication therapy:

The Concomitant therapy: administer 10 days treatment with PPI (recommended standard dose x2), clarithromycin (500mg x2), amoxicillin (1g x2) and metronidazole (500 mg x2).

OR

The Sequential therapy: administer 5 days of dual therapy with PPI (recommended standard dose x2) and amoxicillin (1g x2) and then 5 days of triple therapy with PPI (recommended standard dose x 2), clarithromycin (500mg x2), and metronidazole (500mg x2).

Level of Evidence: III

Level of recommendation: B

Recommendation 10

It is recommended to GPs and other PHC physicians, in case of failure of the eradication therapy (recommendation 9), the following scheme: PPI(standard dose x2) and Bismuth salts (standard dose x4), tetracycline (500mg x4), metronidazole (500mgx3) for 14 days, or referral to gastroenterologist.

Level of Evidence:II

Level of recommendation: B

Bii) Therapeutic Approach – Non pharmaceutical Approach

Recommendation 11

It is recommended to GPs and other primary health care professionals to suggest to patients with dyspepsia, small frequent meals, avoiding of full fat foods or foods that aggravate symptoms, control alcohol intake and quit smoking, personalized per occasion.

Level of Evidence: IV

Level of recommendation: B

Recommendation 12

It is suggested to GPs and other PHC physicians, in patients with functional dyspepsia to consider as alternative complementary therapeutic approach the use of products of 'Chios mastic gum'.

Level of Evidence: III

Level of recommendation: C

C) Treatment of Dyspepsia in special Patient Groups

Recommendation 13

It is recommended to GPs and other PHC physicians for patients in need of chronic use of NSAIDs/ Aspirin, with symptoms of dyspepsia, who do not belong to the categories of recommendation 1, to discontinue the use of NSAIDs when possible otherwise to test and treat for HP and administer PPI treatment.

Level of Evidence: II

Level of recommendation: B

Recommendation 14

It is recommended to GPs and other PHC professionals, for patients with dyspepsia, who do not belong to the categories of recommendation 1, to emphasize to the possible use of medication that might cause the symptoms and when the discontinuation of these is not possible, the empirical management for dyspepsia.

Level of Evidence: II- III.

Level of recommendation: B

Recommendation 15

It is recommended GPs and other PHC physicians, in cases of patients with functional dyspepsia to check for the presence of psychological factors and act accordingly.

Level of Evidence: IV

Level of recommendation: C

D) Role of other Health Care Professionals

Recommendation 16

It is recommended to GPs and other PHC physicians to collaborate with the community pharmacists for the management of dyspepsia, in order for the later to advice the patients and to record the negative effects for the prescribed medicines.

Level of Evidence: No evidence for dyspepsia

Level of recommendation: D

Recommendation 17

For the better management of people with dyspepsia, it is suggested GPs and other PHC physicians to collaborate with a team consisting of specialists and other healthcare professionals (nurses, health visitors, social workers dieticians/ nutritionists).

Level of Evidence: IV

Level of recommendation: C

Additional recommendations

E) Patients records

Recommendation 18

GPs and other PHC physicians should keep patient record in order to monitor their care.

Level of Evidence: No evidence for dyspepsia Level of recommendation: B

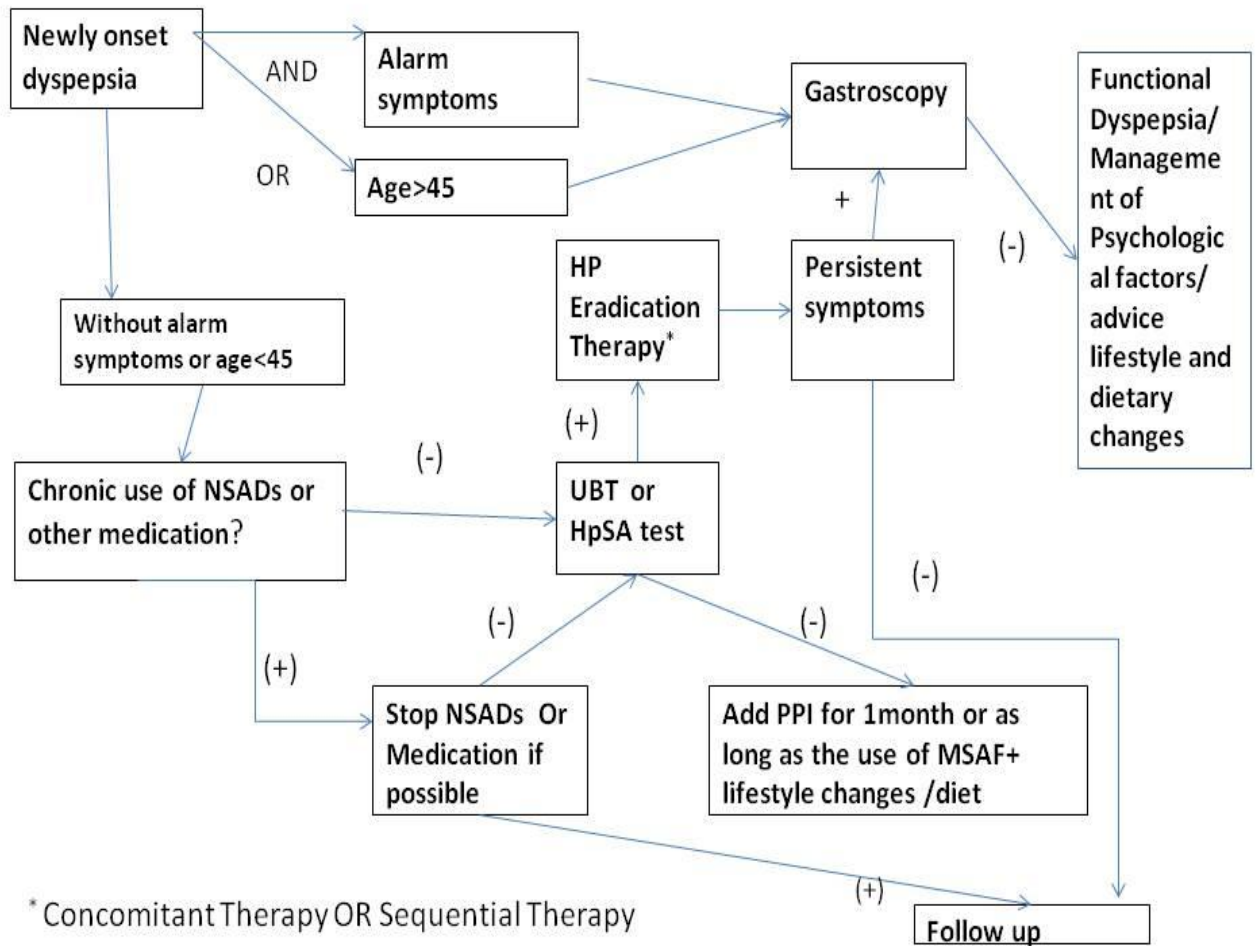
F) Health care services and non-governmental organizations

Recommendation 19

It is recommended to GPs and other PHC physicians as well as other PHC professionals to encourage patients with Dyspepsia to participate in programs and actions of non-governmental associations in order to be motivated and improve their quality of life.

Level of Evidence: No evidence for dyspepsia D Level of recommendation: B

Management of dyspepsia in PHC



* Concomitant Therapy OR Sequential Therapy

