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| Pathway: | Upper GI Topic – Dyspepsia |
| Referral Criteria/Commissioning position: | |
| <p><i>Patients with symptoms and signs more suggestive of GORD (above the diaphragm i.e. heartburn, sour taste, belching or regurgitation) please refer to the separate GORD referral guidelines</i></p> <p><i>Refer to secondary care if:</i></p> <ul style="list-style-type: none"> • conventional primary care management fails to resolve the issue including H.pylori test and treat <p><i>Risk factors for cancers: in addition to the red flags above, a lower threshold for referral is suggested in those with a history of Barrett's oesophagus, pernicious anaemia, intestinal dysplasia, peptic ulcer surgery or a family history of upper GI cancer.</i></p> <p>'Red Flag' symptoms</p> <ul style="list-style-type: none"> • Endoscopy (and hence secondary care referral) is not indicated for dyspepsia without alarm symptoms (red flags) or risk factors for cancer • weight loss (unintentional) • iron deficiency anaemia • vomiting – persistent • dysphagia • evidence of GI bleeding (blood loss from upper GI tract is a prokinetic agent so may be reflected in change in bowel habit and/or stool colour change) • epigastric mass • patients aged over 55 with unexplained, persistent and recent onset dyspepsia <ul style="list-style-type: none"> ○ unexplained: no obvious reason found in the history of dyspepsia ○ persistent: continuation of symptoms/signs beyond that would normally be associated with self-limiting problems (usually regarded as 4-6 weeks) ○ recent: new onset and not recurrent symptoms <p>Investigations prior to referral</p> <ul style="list-style-type: none"> • FBC, U&E, LFTs • USS if history suggestive of biliary/pancreatic involvement | |
| Information to include in referral letter: | |
| <p><i>The GP referral letter should contain:</i></p> <ul style="list-style-type: none"> • Treatments and interventions tried including the results • Drug history (prescribed and non-prescribed) • Relevant past medical/surgical history • Current regular medication • BMI • Smoking status • Alcohol consumption | |
| References & Additional information: | |
| <p>Patient Information Leaflets/ PDAs</p> <p>To view the Dyspepsia Non-Ulcer Patient Information leaflet, please click here</p> | |

To view the Indigestion Patient Information leaflet, please [click here](#)
To view the Helicobacter Pylori and Stomach Pain, please [click here](#)

References:

1. NICE. Dyspepsia: Management of dyspepsia in adults in primary care. London: NICE 2004
2. BMJ. 10 minute consultation – Dyspepsia, 2011; 343: 6234.

For the full SRCCG commissioning policy please [click here](#)

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| CCG GP sign off: | SRCCG Business Committee (Delegated to Dr Greg Black) |
| Review date: | 2017 |