

Digesting dyspepsia in primary care

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OUTLINE

- Definition
- Some numbers
- Alarm symptoms
- Initial investigations
- Management

ROME IV: functional dyspepsia

- 1 or more of the following
 - Bothersome postprandial fullness
 - Bothersome early satiation
 - Bothersome epigastric pain
 - Bothersome epigastric burning
- No evidence of structural disease (including at upper endoscopy) that is likely to explained the symptoms
- Criteria must be fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis

PREVALENCE OF DYSPEPSIA

- Global prevalence of dyspepsia
 - Rome 1 criteria 11.9%
 - Rome IV criteria 6.8%
- Singapore prevalence estimated to be about ~5.9%

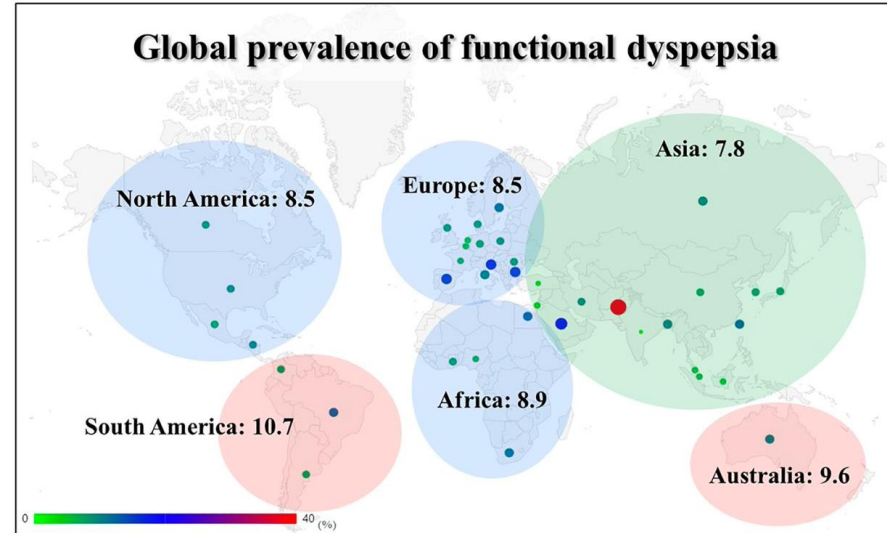


Figure 2. A graphical abstract of the prevalence of functional dyspepsia by continent.

Alarm symptoms

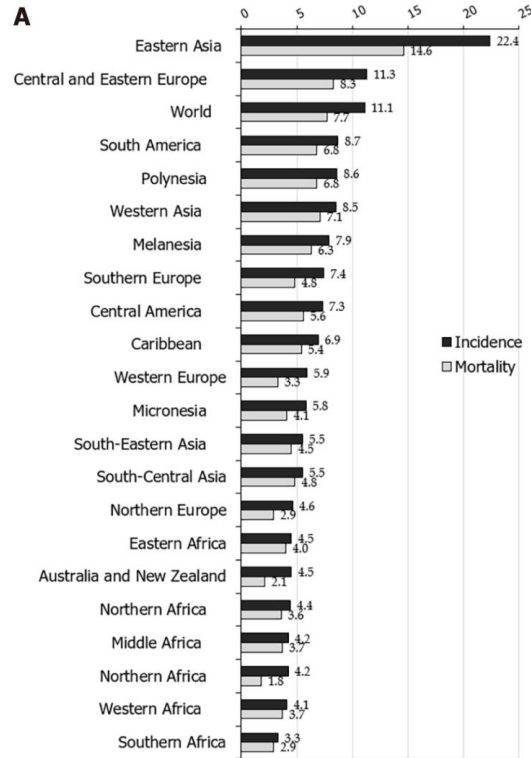
- Anaemia
- Loss of weight
- Anorexia
- Recent onset progressive symptoms (persistent vomiting)
- Melaena, masses
- Swallowing difficulty

Local stomach cancer incidence and mortality 2017 to 2021

Table 1.1.3 Ten most frequent incident cancers and cancer deaths by gender, 2017-2021

Gender	Rank	Site	Incidence		Site	Mortality	
			No.	%		No.	%
Male	1	Prostate	6912	16.8	Lung	3988	24.8
	2	Colon & rectum	6697	16.3	Colon & rectum	2324	14.4
	3	Lung	5567	13.5	Liver	2019	12.5
	4	Lymphoid neoplasms	2986	7.3	Pancreas	1099	6.8
	5	Liver	2984	7.3	Prostate	1080	6.7
	6	Non-melanoma skin	2136	5.2	Stomach	869	5.4
	7	Kidney	1734	4.2	Lymphoid neoplasms	762	4.7
	8	Stomach	1684	4.1	Kidney	505	3.1
	9	Myeloid neoplasms	1430	3.5	Oesophagus	432	2.7
	10	Pancreas	1417	3.4	Nasopharynx	419	2.6
		All sites	41126	100.0	All sites	16103	100.0
Female	1	Breast	12735	29.7	Breast	2304	17.2
	2	Colon & rectum	5542	12.9	Colon & rectum	2091	15.6
	3	Lung	3388	7.9	Lung	2004	14.9
	4	Uterus	3133	7.3	Pancreas	975	7.3
	5	Lymphoid neoplasms	2221	5.2	Liver	828	6.2
	6	Ovary	1855	4.3	Ovary	703	5.2
	7	Non-melanoma skin	1713	4.0	Stomach	624	4.7
	8	Thyroid	1666	3.9	Lymphoid neoplasms	581	4.3
	9	Pancreas	1187	2.8	Uterus	370	2.8
	10	Stomach	1111	2.6	Cervix	336	2.8
		All sites	42876	100.0	All sites	13419	100.0




Worldwide incidence and mortality of stomach cancer



Evaluation of dyspepsia

- Urgent endoscopy
 - ≥55 years old with loss of weight
 - >40 years from an area at an increased risk of gastric cancer or with a family history of gastro-oesophageal cancer
- Non-urgent endoscopy
 - ≥55 years old not responding to treatment, or a raised platelet count, or persistent nausea and vomiting
- Urgent CT
 - ≥60 years old with loss of weight and abdominal pain to rule out pancreatic malignancy
- All other patients HP testing

British Society of Gastroenterology guidelines on the management of functional dyspepsia

Christopher J Black ^{1,2} Peter A Paine,^{3,4} Anurag Agrawal,⁵ Imran Aziz ^{6,7}
Maria P Eugenicos,⁸ Lesley A Houghton ², Pali Hungin,⁹ Ross Overshott,¹⁰
Dipesh H Vasant,^{3,11} Sheryl Rudd,^{12,13} Richard C Winning,^{12,13} Maura Corsetti,^{12,13}
Alexander C Ford ^{1,2}

1st line therapy – non-pharmacological

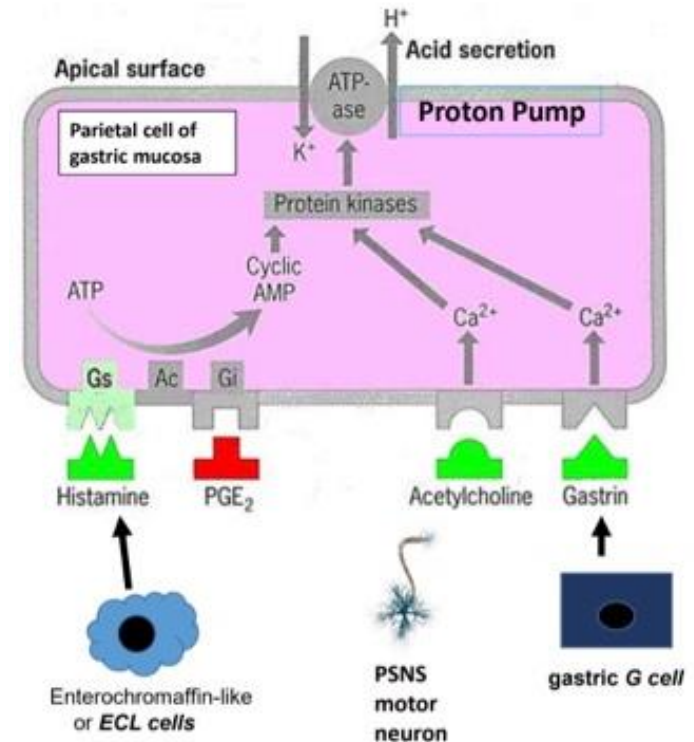
- Avoidance of triggers including spicy food, coffee
- Avoid excessive weight
- Regular physical activity
- Focus on mental well-being including stress avoidance

1st line therapy – pharmacological

- Cessation of medications which could cause dyspepsia including NSAIDs, bisphosphonates, oral iron replacement
- Testing and eradication of H pylori

1st line therapy – pharmacological

- Proton pump inhibitors
 - Omeprazole and pantoprazole
- Histamine H2 antagonists
 - Famotidine, ranitidine
- Antacids
 - Sodium alginate + sodium bicarbonate + calcium carbonate, magnesium trisilicate



Other therapies

- Tricyclic antidepressants
 - Amitriptyline, nortriptyline
- Prokinetic agents
 - Domperidone
- Cognitive behavioural therapy

When to refer to tertiary care?

- Diagnostic doubt
- Severe symptoms
- Refractory to 1st line therapies
- Patient request for specialist referral

Referral acuity

- Refer to ED
 - Symptomatic anaemia
 - Acute and overt gastrointestinal bleeding
- Early access (2-6 weeks)
 - Dyspepsia with alarm symptoms
- Routine referral
 - Dyspepsia without alarm symptoms

How to refer?

For Specialist Outpatient Clinic (SOC) Referrals

Woodlands Health (WH) is now accepting GP referrals to its [Specialist Services](#). Healthier SG (HSG) GPs may make the referral via your HSG compatible CMS / Primary Care Digital Services (PCDS) from 15 May 2024.

Find a Specialist.

For GP partners, who would like to know more about WH specialist services referrals, please view this [information kit](#).

To refer to WH Specialist services, you may do so via:

- **Online Form:** <https://for.sg/gpsocreferrals>
- **Email:** appt@wh.com.sg
- **Primary Care Partners Hotline:** 6363 3131

Operating hours:

Mondays to Fridays: 8.00am to 8.00pm

Sat, Sun & PH: 8.00am to 2.00pm

Fax: 6361 1980

MOH list of fee benchmarks WEF 1st April 2024

SF – Digestive

S/N	TOSP	Description	Table	Hospital fee benchmarks	Surgeon fee benchmarks	Anaesthetist fee benchmarks	Doctors' inpatient attendance fee benchmarks – General Ward (office hours) per day rate	Average Length of Stay	Explanatory notes
5	SF7011	Intestine/Stomach, Upper GI Endoscopy With / Without Biopsy	1B	\$1,000 to \$1,700	\$650 to \$1,100	\$550 to \$800	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting. Higher end of surgeon fees may be associated with altered anatomy, more biopsies or biopsies of lesions in challenging locations.
6	SF702C	Colon, Colonoscopy, Fiberoptic With/Without Biopsy	2C	\$800 to \$1,300	\$1,200 to \$1,800	\$550 to \$800	\$210 to \$420	1	Hospital benchmark fee range is for the day surgery setting.
7	SF7011_ SF702C (Multiple procedure)	Intestine/Stomach, Upper GI Endoscopy With / Without Biopsy & Colon, Colonoscopy, Fiberoptic With/Without Biopsy (Multiple procedure)	1B & 2C	\$1,300 to \$2,100	\$1,800 to \$2,900	\$600 to \$850	\$210 to \$420	1	Fee ranges are for cases where both procedures, SF7011 and SF702C, are performed in the same sitting.



The end.

Questions?