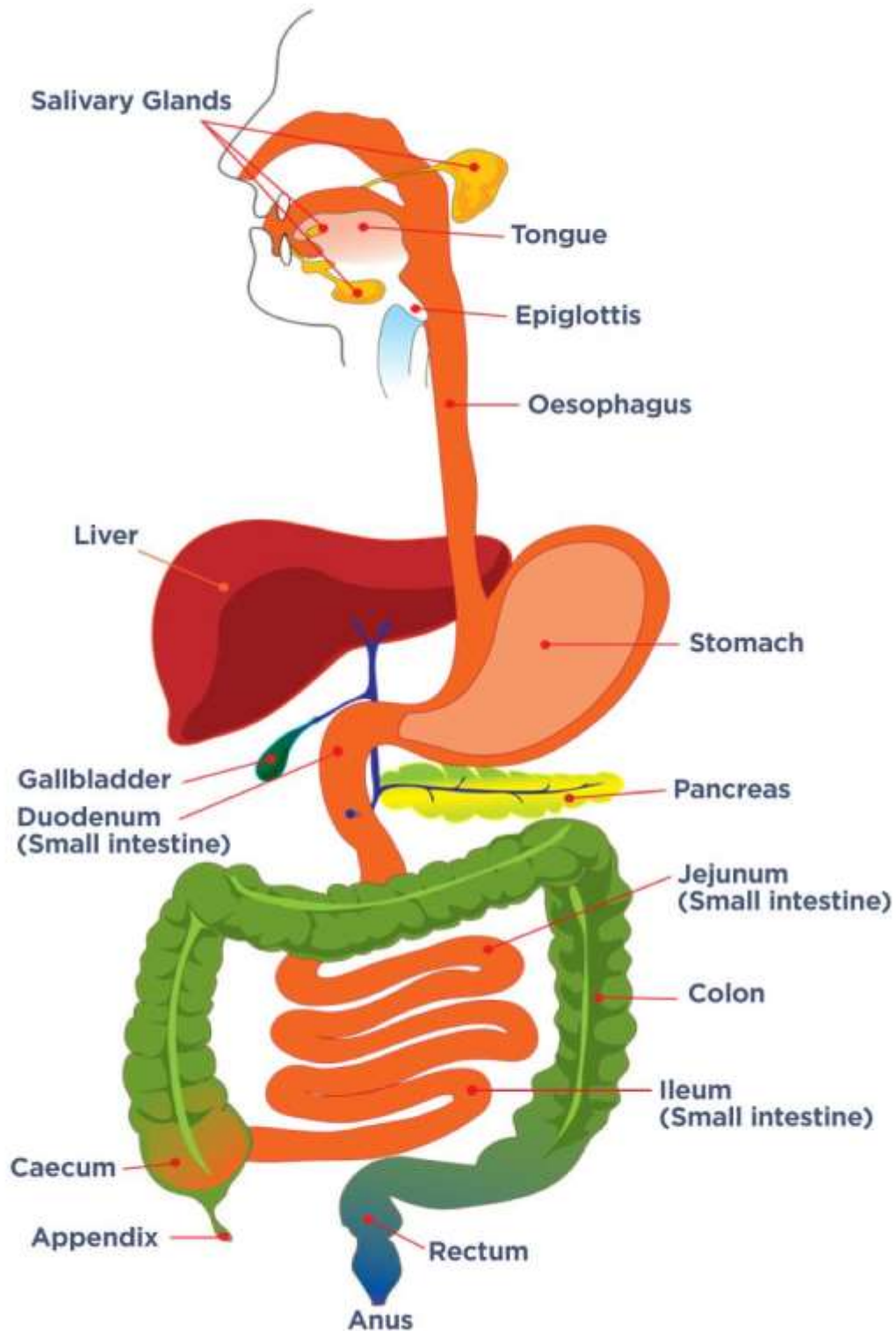


THE DIGESTIVE SYSTEM



This factsheet is about non-ulcer dyspepsia

Dyspepsia is a term that describes a collection of symptoms that affect the oesophagus (gullet), stomach or duodenum (the first part of the small intestine). It is sometimes called indigestion. Non-ulcer dyspepsia is the diagnosis given to a patient who has symptoms of dyspepsia when no specific medical cause can be found. It is a very common problem, 6 out of 10 people who experience indigestion are diagnosed with non-ulcer dyspepsia. It is also sometimes referred to as 'functional dyspepsia'.

What are the usual symptoms of non-ulcer dyspepsia?

Symptoms of non-ulcer dyspepsia include mild to severe upper abdominal discomfort which may be described as burning, nausea, vomiting, belching, bloating and feeling uncomfortably full after meals. Symptoms often come and go, rather than being constant and are particularly worse after eating large meals, eating too quickly and if food is eaten shortly before going to bed. The pain from the upper abdomen may spread up to the centre of the chest (behind the breastbone), into the neck or through to the back.

Causes of non-ulcer dyspepsia

There is no known single cause of non-ulcer dyspepsia. It is diagnosed once other causes of indigestion such as ulcers, inflammation, reflux disease, a hiatus hernia or a bacterial infection called *Helicobacter pylori*, have been excluded. This may be done with tests such as endoscopy, barium x rays, CT scans or ultrasound scans.

There are certain factors that can make non-ulcer dyspepsia symptoms worse:

- **Food and lifestyle:** foods that can make symptoms worse include caffeine, spicy foods, fatty foods, acidic foods, peppermint, fizzy drinks, tomatoes and chocolate, but it is important to remember that food sensitivity varies, and many patients can tolerate all or some of these foods. Smoking, alcohol, being overweight and high levels of anxiety or stress can also make symptoms worse.
- **Medications:** these include anti-inflammatory medications (e.g. ibuprofen, naproxen and aspirin) and medications that affect oesophageal movement (nitrates). This list is not exhaustive, so if there are concerns that a medication could be causing symptoms, consult your doctor. Always read the medication leaflet.
- **Irritable Bowel Syndrome (IBS):** about 1 in 3 people with non-ulcer dyspepsia also suffer from IBS. Symptoms from IBS include abdominal pains, bloating, a change in stool frequency and consistency and a feeling of still needing to defecate after having your bowels open.

How is non-ulcer dyspepsia diagnosed?

Non-ulcer dyspepsia is diagnosed by the pattern of symptoms and when all other diagnostics tests undertaken are proved to be negative. It is important that conditions such as ulcers, gallstones and stomach cancer are excluded first and possible investigations include gastroscopy (a tube with a camera passed down the gullet), ultrasound (similar in scans during pregnancy) of the abdomen and a test for *Helicobacter pylori* infection. In non-ulcer dyspepsia, the lining of the gut will look normal on an endoscopy test. The test for *Helicobacter pylori* can be a breath test, stool test, blood test or can also be done during a gastroscopy.

Non-ulcer Dyspepsia Information Leaflet

How can non-ulcer dyspepsia affect your life?

Symptoms of non-ulcer dyspepsia can fluctuate and occur infrequently or often. It is recognised that symptoms that appear to have no specific disease can lead to cause major frustration and feelings of hopelessness amongst patients. If you are experiencing any of these feelings, it is important to let your doctor know, so that appropriate support can be offered, particularly since stress can worsen your symptoms.

What treatment is available for non-ulcer dyspepsia?

The main treatments for non-ulcer dyspepsia include lifestyle and diet changes, medications and addressing any psychological factors if appropriate.

- Lifestyle changes: these can include weight loss, reduction in alcohol intake, giving up smoking, eating smaller meals more often (rather than large meals) and avoiding eating within three hours of going to bed.
- Diet: reducing the amount of caffeine, alcohol, spicy foods, fatty foods, acidic foods, peppermint, fizzy drinks, tomatoes and chocolate may help to ease the symptoms.
- Psychological factors: these may be a significant contributor to the symptoms of non-ulcer dyspepsia. You can ask your doctor to refer you to local services for advice and support.
- Medications: there are a variety of medications that can be used to treat non-ulcer dyspepsia. These include:
 - Antacids: these contain the ingredients aluminium hydroxide, magnesium carbonate or magnesium trisilicate and others. They come in various brand names, can be purchased at the pharmacy and come in liquid or tablet form. They help neutralise the acid in the stomach and may have added ingredients to reduce excess gas. It is important to read the information leaflet as treatments containing aluminium can cause constipation and magnesium may cause diarrhoea.
 - Proton Pump Inhibitors (PPI): these drugs, for example, Omeprazole or Lansoprazole, work by suppressing the acid production in the stomach to reduce the amount of acid present. If there is no response to taking the medication once a day, the dose can be increased to twice a day.
 - H2 antagonists: these drugs, such as Ranitidine, reduce the amount of acid produced in the stomach and work in a different way to proton pump inhibitors. They are sometimes used in combination with Proton Pump Inhibitors.
 - Stomach emptying medications: these include drugs such as domperidone. This medication speeds up the rate at which the stomach empties. It may be used where the stomach is slow to empty. There are safety precautions and limitations to how long Domperidone can be used due to possible side effects on the heart.
 - Antidepressants: these may be used at a very low dose as they have the effect of calming the muscles of the gut. If there is diagnosed depression and anxiety, these drugs may be required at higher doses to treat the underlying cause, but your doctor will advise you about the correct dose to take.

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- Multi convergent therapy: this combines a psychological approach (cognitive behavioural therapy) and exercise therapy may be useful.

Does non-ulcer dyspepsia need to be monitored and if so, how?

It is a good idea to monitor your symptoms of dyspepsia over time but regular check-ups with the doctor are not usually required. It is important to see a doctor if there is a change in your symptoms. If you develop any symptoms of food sticking when eating, persistent vomiting, bringing up blood or unexplained weight loss, you must see your doctor immediately.

How can non-ulcer dyspepsia affect you over time?

In most people, symptoms improve with time and treatment. However, some people may continue to experience dyspepsia long-term.

What to ask your doctor about your non-ulcer dyspepsia?

- Do I need to be referred to a dietician to see if there are any changes to my diet that may help with my symptoms?
- Are there any support groups I can join?
- How often do I need to see a doctor?
- Do I use the medications as and when needed, or regularly?
- Is multi convergent therapy an option available for me?

Is there a need for further research into non-ulcer dyspepsia?

There is no clear cause of non-ulcer dyspepsia, and further research into potential causes and aggravating factors could help facilitate more effective treatment in the future.

For more information about research in this area please contact Guts UK Charity on

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