

## Dyspepsia: Outpatient Care Protocol

### Differential Diagnosis J1, J2, J3 J4, J5, B1

Physician should rule out other causes /conditions which are responsible for dyspepsia:

- Peptic ulcer disease (ulcer like dyspepsia, family history of ulcers, a history of nonsteroidal anti-inflammatory drug (NSAID) use and current cigarette smoking)
- Gastroesophageal reflux disease (reflux like dyspepsia exhibited by heartburn and regurgitation, sharp, stabbing substernal pain)
- Hiatus hernia (acid reflux, complaints of chest pain, upper endoscopy is confirmatory)
- Biliary tract disease (often asymptomatic but if pain occurs, it is episodic and severe, and may last for hours. Unlike the pain associated with peptic ulcers, the pain in gall bladder disease tends to occur after eating, especially after the consumption of a large fatty meal. Dark urine may be present)
- Gastro paresis (dysmotility-like dyspepsia, or gastro paresis, is associated with symptoms of bloating, abdominal distention, flatulence and prominent nausea, person feels hungry but have premature satiety with resultant epigastric heaviness or fullness even after the consumption of small meals, common in diabetic cases)
- Irritable bowel disease (generally associated with abnormal bowel habits, fever, loss of appetite)
- Pancreatitis (pain, nausea, vomiting, abdominal tenderness)
- Malabsorption disorders (nausea, vomiting, diarrhea, bloating, excessive flatus, and abdominal cramps)
- Metabolic disturbances (chest pain, palpitations, headache, altered mental status, muscle weakness)
- Intestinal parasites (diarrhea, bloating, teeth grinding, anemia, joint and muscle aches, allergies)
- Malignancy (symptoms of gastric cancer are similar to those of other causes of epigastric pain. However, the presence of "alarm symptoms," such as dysphagia, unexplained weight loss (greater than 3 kg, history of gastrointestinal bleeding or clinical signs of anemia, may help to identify patients with more serious disease. Patients with gastric cancer also tend to be older and to have a shorter presenting history; they complain of continuous pain exacerbated by food and usually have associated anorexia)
- Medication induced dyspepsia(calcium antagonists, nitrates, theophyllines, bisphosphonates, steroids and NSAIDs)