Non-ulcer Dyspepsia

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FIGHTING DIGESTIVE DISEASES
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This factsheet is about non-ulcer dyspepsia

Dyspepsia is a collection of symptoms that arise from a problem in the oesophagus (gullet), stomach or duodenum (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 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*'.

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, a hiatus hernia or a bacterial infection called Helicobacter pylori, have been excluded. Tests may be carried out to look for these causes.

There are certain factors that can make non-ulcer dyspepsia symptoms worse, such as certain foods, lifestyles and high levels of stress. Foods that often make symptoms worse include caffeine, spicy foods, fatty foods, acidic foods, tomatoes or chocolate. Smoking, alcohol, being overweight and high levels of anxiety or stress can also make symptoms worse.

About 1 in 3 people with non-ulcer dyspepsia also suffer from irritable bowel syndrome (IBS). Symptoms from IBS include abdominal pains, bloating and change in stool frequency and consistency.

There are certain medications that can make dyspepsia worse, and are best avoided. These include anti-inflammatory medications (e.g. ibuprofen and aspirin) and medications that affect oesophageal movement (nitrates). This list is not exhaustive, so if there are concerns a medication could be causing symptoms, consult a doctor. Always read the medication leaflet.

What are the usual symptoms?

Symptoms from non-ulcer dyspepsia are very similar to dyspepsia with an underlying cause. Dyspepsia is also known as indigestion, and is a symptom rather than a disease itself. Patients with dyspepsia experience mild to severe discomfort, which can be burning in nature, in the upper abdomen. The pain may spread up to the centre of the chest (behind the breastbone), into the neck or through to the back. Other symptoms include nausea, vomiting, belching and bloating. 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 soon before going to bed.

How is non-ulcer dyspepsia diagnosed?

Non-ulcer dyspepsia is diagnosed when all tests undertaken for dyspepsia are negative. Conditions such as ulcers, gallstones and stomach cancer must be excluded first. The main investigations are endoscopy, ultrasound of the abdomen and test for Helicobacter pylori. Endoscopy, where a tube the width of a small finger with a camera on the end, is inserted into the oesophagus, stomach and duodenum via the mouth. In non-ulcer dyspepsia, the lining of the gut will look normal. An ultrasound is a scan (similar to the scans during pregnancy) which looks for gallstones. The test for Helicobacter pylori can be a breath test, stool test, blood test or can be done at endoscopy.

What can be the impact non-ulcer dyspepsia?

The diagnosis of non-ulcer dyspepsia can impact a person in many ways. These mainly include its overall impact on general wellbeing due to the symptoms. Symptoms from non-ulcer dyspepsia can be long term and sometimes occur frequently. It is recognised that ongoing symptoms with no clear cause can cause major upset, frustration and feelings of hopelessness amongst many patients. If any of these feeling are experienced, it is important to let the doctor know, so that appropriate support can be organised.

What treatment is available for non-ulcer dyspepsia?

The main treatments for non-ulcer dyspepsia include lifestyle changes, addressing psychological factors and medications. Lifestyle changes can include weight loss, reduction in alcohol intake, smoking cessation, eating small

Written by Samantha Morgan and Mark Samaan. Published in 2016. Next review in 2018. Full range at www.corecharity.org.uk.
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meals and regularly (rather than large meals) and avoiding eating within three hours of going to bed. Changes in diet to help reduce symptoms including reducing the amount of caffeine, spicy foods, fatty foods, acidic foods, tomatoes and chocolate that is ingested.

Psychological factors may be large contributors to symptoms. If symptoms of anxiety or stress are recognised, then the doctor can refer to local services for advice and emotional support.

There are a variety of medications that can be used, with variable success. These include:

- Antacids. These contain the ingredients aluminium hydroxide, magnesium carbonate or magnesium trisilicate and others. They come in various brand names, are over the counter medications and come in liquids or tablet form. They help neutralise the acid in the stomach. It is important to read the ingredients, as aluminium can cause constipation and magnesium can cause diarrhoea.
- Proton Pump Inhibitors (PPI). For example, Omeprazole or Lansoprazole. These work by supressing acid production in the stomach, with the aim 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
- Stomach emptying medications. For example, domperidone. This medication speeds up the rate at which the stomach empties. It is used when other medications do not work or where stomach is emptying slow. Unfortunately, there are limitations to how long one can use this medication due to possible side effects on the heart.
- Antidepressants. For example, low dose tricyclic antidepressants. It is important to control symptoms as they can be debilitating. However, if all the medication options have been exhausted, these can be tried. They are particularly useful if there is an underlying psychological factor.

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.

How does non-ulcer dyspepsia behave over time?
In most people, symptoms improve with time and treatment. However, some people may continue to experience dyspepsia long-term despite treatment, which can affect the quality of life.

What to ask your doctor when you see them?
May I 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?

What more research needs to be done on non-ulcer dyspepsia?
There is no clear cause of non-ulcer dyspepsia, and further research into potential causes could help facilitate more effective treatment in the future.

For more information about research in this area please contact Core.

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