Patient with dyspepsia

Red Flag Symptoms?

IRON DEFICIENCY ANAEMIA (MALE Hb <12.5 OR FEMALE Hb <11.5)
CHRONIC GI BLEED
DYSPHAGIA
PROGRESSIVE UNINTENTIONAL WEIGHT LOSS
PERSISTENT VOMITING
EPIGASTRIC MASS

Yes

Refer 2 urgently via 2WW

No

Consider medicaton

NSAIDS
STEROIDS
CALCIUM ANTAGONISTS
NITRATES
THEOPHYLLINES
BIPHOSPHANATES

Any other conditions that require urgent Gastroscopy

PREVIOUS HISTORY DYSPLASIA
ATROPHIC GATRITIS
INTESTINAL NEOPLASMS
PEPTIC ULCER SURGERY MORE THAN 20 YEARS AGO
STRONG UPPER GI CANCER FAMILY HISTORY

Yes

Refer Urgent Gastroscopy

No

1st Line - Stool Antigen (test for presence NOT eradication)

Test and treat

Eradication required

No

4 weeks of management

Yes

Eradication
- Pencillin ok
  - PPI
  - Amoxicillin
  - Clarithromycin or metronidazole
- Penicillin allergy
  - PPI
  - Clarithromycin
  - Metronidazole
- Previous exposure to clarithyromycin
  - PPI
  - Bismuth
  - Metronidazole
  - Tetracycline
- Unsuccessful
  - Second line rx
    - Seek specialist opinion

Which PPI

Proton pump inhibitor	Dose
Esomeprazole	20 mg
Lansoprazole	30 mg
Omeprazole	20–40 mg
Pantoprazole	40 mg
Rabeprazole	20 mg

Please consider using low cost alternatives first

Proton pump inhibitor	Full/standard dose	Low dose (on-demand dose)	Double dose
Esomeprazole	20 mg[1] once a day	Not available	40 mg[2] once a day
Lansoprazole	30 mg once a day	15 mg once a day	30 mg[3] twice a day
Omeprazole	20 mg once a day	10 mg[1] once a day	40 mg once a day
Pantoprazole	40 mg once a day	20 mg once a day	40 mg[3] twice a day
Rabeprazole	20 mg once a day	10 mg once a day	20 mg[3] twice a day

Please consider using low cost alternatives first

If symptoms persisting consider checking eradication - USE BREATH TEST ONLY - REQUIRES 2 WEEKS OFF PPI

Consider DIRECT ACCESS GASTROSCOPY

5. When to refer

May require surgery

Non responsive to treatment

H pylori and persistent symptoms

Not responded to second line therapy