

Expected Practices

Specialty: Gastroenterology

Subject: Dyspepsia

Date: April 15, 2014

Purpose: Diagnosis & treatment of dyspepsia

Target Audience: Primary Care Providers

Expected Practice: Dyspepsia is chronic upper abdominal pain, predominantly in the epigastric area. This is distinct from reflux or biliary colic.

Dyspepsia: "Persistent or recurrent pain or discomfort centered in the upper abdomen lasting at least 12 weeks." (From Rome II criteria)

GERD (Typical esophageal symptoms): "Presence of troublesome heartburn (defined as a burning sensation in the retrosternal area) and/or regurgitation." (From Montreal Definition of GERD)

Biliary Colic (Typical): "Episodic severe steady epigastric or right upper abdominal pain that is temporary (between 1/2 hour to 24 hours) and usually following meals." (From SSAT Patient Care Guidelines)

Please follow the following steps for evaluation of dyspepsia:

- If patient over 55 or warning signs (such as weight loss), refer to GI via eConsult for possible EGD or pre-endoscopy/nurse teaching clinic visit.
- If under 55 and not treated for H. pylori, recommend Test and Treat.
- If under 55 and failed test and treat, recommend PPI x 2 months.
- If under 55 and failed all of above, refer to GI via eConsult for possible EGD or pre-endoscopy/nurse teaching clinic visit.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.