

Evidence Discussion (EGD 1.1)

Dyspepsia/Upper Abdominal Symptoms

Endoscopy remains an invasive procedure that is relatively expensive, despite its value in differentiation between organic and functional etiologies of dyspepsia. Thus selective use in high risk patients is the most cost effective approach.

The ACG/CAG guidelines published in 2017 suggest that patients over the age of 60 that present with dyspeptic symptoms first undergo an upper endoscopy. If the patient is under the age of 60, upper endoscopy is not recommended. Studies have shown that even in the presence of alarm features, the risk of malignancy is still low < 1%. The ASGE guidelines further notes that identification of alarm features has a low predictive value for GI cancer. In a meta-analysis of 15 studies evaluating more than 57,000 patients with dyspepsia alarm symptoms showed a positive predictive value for GI cancer of less than 11% in all but 1 of the studies.

The ACG/CAG guideline addressed treating for *Helicobacter pylori* if under the age of 60 and if H. Pylori testing negative consider an empiric trial of a proton pump inhibitor. If patients do not respond to the above intervention and are below the age where upper endoscopy is recommended additional therapeutic options are presented.

References

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4. Black CJ et al-British Society of Gastroenterology guidelines on the management of functional dyspepsia –*Gut* 2022;71:1697-1723
5. Vakil et al-Limited value of alarm features in the diagnosis of upper gastrointestinal malignancy-systematic review and meta-analysis *Gastro* 2006;131:390-401