



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION FORM**

Title of guideline	SIGN 68: Dyspepsia
Date of publication	2003
SIGN scoping search – sources	<p>MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline</p> <p>Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site, CKS Knowledge Summaries. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane Library. Other good quality systematic reviews: UK HTA database (Southampton); DARE.</p>
SIGN scoping search - summary	<p>Guidelines – 14 HTAs – 1 Cochrane reviews – 3 Other good quality systematic reviews – 24</p>
Other guidelines/HTAs	<ul style="list-style-type: none"> ▪ National Institute for Health and Clinical Excellence. Managing dyspepsia in adults in primary care. August 2004. http://www.nice.org.uk/page.aspx?o=CG017&c=gi ▪ National Institute for Health and Clinical Excellence. Referral for suspected cancer. June 2005. http://www.nice.org.uk/page.aspx?o=cg027 ▪ Clinical Knowledge Summaries Topic. Dyspepsia - pregnancy-associated. 2008. www.cks.nhs.uk/dyspepsia_pregnancy_associated ▪ Clinical Knowledge Summaries Topic. Dyspepsia - proven GORD. 2008. www.cks.nhs.uk/dyspepsia_proven_gord ▪ Clinical Knowledge Summaries Topic. Dyspepsia - proven peptic ulcer – Management. 2008. www.cks.nhs.uk/dyspepsia_proven_peptic_ulcer ▪ Clinical Knowledge Summaries Topic. Dyspepsia - unidentified cause – Management. 2008. www.cks.nhs.uk/dyspepsia_proven_non_ulcer/view_whole_topic ▪ New Zealand Guidelines Group. Management of dyspepsia and heartburn. June 2004. http://www.nzgg.org.nz/guidelines/dsp_guideline_popup.cfm?guidelineCatID=53&guidelineID=77 ▪ Talley NJ, Vakil N; Practice Parameters Committee of the American College of Gastroenterology. Guidelines for the management of dyspepsia. Am J Gastroenterol. 2005 Oct;100(10):2324-37. ▪ Veldhuyzen van Zanten SJ, Bradette M, Chiba N, Armstrong D, Barkun A, Flook N, Thomson A, Bursey F; Canadian Dyspepsia Working Group. Evidence-based recommendations for short- and long-term management of uninvestigated dyspepsia in primary care: an update of the Canadian Dyspepsia Working Group (CanDys) clinical management tool. Can J Gastroenterol. 2005 May;19(5):285-303. ▪ American Gastroenterological Association medical position statement: evaluation of dyspepsia. November 1997 (revised November 2005). http://www.guideline.gov/summary/summary.aspx?doc_id=8442&nbr=004711 ▪ Singapore Ministry of Health. Management of helicobacter pylori infection. Singapore: Singapore Ministry of Health; September 2004. http://www.guideline.gov/summary/summary.aspx?doc_id=5947&nbr=003916

	<ul style="list-style-type: none"> ▪ Malfertheiner P, Megraud F, O'Morain C. Guidelines for the management of Helicobacter pylori infection. The Maastricht 3 Consensus Report 2005. http://www.helicobacter.org/content/guidelines/patient_management/report2005_frame_publ.htm ▪ Royal Pharmaceutical Society of Great Britain. Practice guidance: OTC omeprazole. March 2004 (revised May 2004). http://www.rpsgb.org.uk/pdfs/otcomeprazoleguid.pdf ▪ British Society of Gastroenterology. Guidelines for oesophageal manometry and pH monitoring. January 1996; revalidated January 2006. http://www.bsg.org.uk/pdf_word_docs/oesp_man.pdf ▪ Roderick, P. J. Systematic review and modelling of the cost-effectiveness of screening for helicobacter pylori to reduce mortality and morbidity from gastric cancer and peptic ulcer disease. Health Technology Assessment 2003: 7(6). http://www.hta.ac.uk/1012
Main conclusions from new evidence	<ul style="list-style-type: none"> ▪ A systematic review concluded that neither clinical history nor computer models could adequately distinguish between organic and functional dyspepsia. <i>Guideline says that symptom assessment cannot be relied upon to diagnose the cause of dyspepsia (C).</i> ▪ Four large observational studies were identified concerning alarm features and risk of cancer. One study concluded that the sensitivity and specificity of alarm symptoms are poor; another found that the majority of dyspeptic patients who developed cancer or ulcer did not present with alarm symptoms; a multicentre database study found that age cutoffs and alarm symptoms are inaccurate and result in high false negatives; and one study found that age, male sex, and alarm symptoms were independent risk factors for gastric cancer, but that alarm symptoms had poor predictive value and most malignancies were metastatic at time of diagnosis. <i>Guideline recommends: Community pharmacists should advise patients suffering from dyspepsia associated with alarm symptoms to consult their general practitioner (D) and that patients with dyspepsia and alarm features should be referred to a specialist (B)</i> ▪ A Cochrane review of initial management strategies for dyspepsia found that PPIs are effective and that early endoscopy or H. pylori testing may benefit some patients but are not cost effective. A further meta-analysis of helicobacter pylori 'test and treat' compared with empirical acid suppression for initial management of uncomplicated dyspepsia found little difference in symptom resolution or costs between the two strategies. <i>Guideline recommendations state: A non-invasive H. pylori test and treat strategy is as effective as endoscopy in the initial management of patients with uncomplicated dyspepsia who are less than 55 years old (A) and a non-invasive H. pylori test and treat policy may be as appropriate as early endoscopy for the initial investigation and management of patients over the age of 55 years presenting with uncomplicated dyspepsia (C).</i> ▪ A Cochrane review and further systematic review confirm the benefit of H. pylori eradication in non-ulcer dyspepsia. Also, a large RCT found that H. pylori eradication significantly decreased the incidence of gastric cancer. <i>Guideline recommends that H. pylori eradication therapy should be considered in the management of functional dyspepsia (A).</i> ▪ Two systematic reviews evaluated the accuracy of faecal antigen testing; the more recent review noted that PPIs affect accuracy. <i>The guideline says CUBT or faecal antigen tests are recommended for the pre-treatment diagnosis of H. pylori infection in the community (B).</i> ▪ One HTA found that a national H. pylori screening programme of prevalent 40- to 49-year-olds and incident 40-year-olds may be cost effective and would significantly reduce the incidence of gastric cancer and peptic ulcers. <i>Not addressed in guideline.</i> ▪ A Cochrane review of pharmacological interventions found that prokinetics (14 trials), H2Ras (11 trials), and PPIs (8 trials) were significantly more effective than placebo; bismuth sales (6 trials) were marginally superior to placebo; and antacids (1 trial) and sucralfate (2 trials) were not superior to placebo. The prokinetic and H2RA results could be subject to publication bias. Additionally, seven systematic

	<p>reviews/meta-analyses evaluate and compare PPIs, H2Ras, and prokinetics. One meta-analysis concluded that patients' responses to serotonin agonists were similar to those to control agents. <i>Guideline found no evidence for the efficacy of antacids, stated that the value of prokinetic drugs is uncertain (no recommendation made), that it is not possible to make a recommendation on the role of cytoprotectives in the management of functional dyspepsia and recommends that "a trial of acid suppression therapy may be considered" (B).</i></p> <ul style="list-style-type: none"> ▪ One systematic review of herbal medicines for non-ulcer dyspepsia found that peppermint and caraway were of benefit. <i>Not addressed in guideline.</i> ▪ Ten systematic reviews evaluated specific pharmacological regimes for H. pylori eradication. These reviews considered whether it is beneficial to add a PPI or an H2RA, which is more effective, which PPI is most effective, which dose of PPI is most effective, which antibiotics are most effective, and whether triple or quadruple therapy should be recommended. The conclusions of these reviews sometimes contradict each other. <i>The guideline recommends (A) H. pylori eradication but does not specify how this is optimally achieved.</i>
New areas that could be added to the guideline	<ul style="list-style-type: none"> ▪ H. pylori eradication regimen
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ Alarm features and risk of cancer ▪ Recommendation to consider a trial of acid suppression therapy ▪ Good practice point on false negatives in H. pylori testing

This report has been reviewed by SIGN Senior Management who do not consider that the new evidence provides justification for updating of the guideline at this stage, and the guideline remains current. This report will be updated and reconsidered in 2011.