**10. GERD/ Dyspepsia by Sarah Lopatin**

**Overview:**

* Definition of Dyspepsia (ROME IV criteria)
	+ >1 of the following symptoms:
		- Postprandial fullness
		- Early satiation
		- Epigastric pain or burning
* Etiologies: ~25% underlying organic causes, ~75% functional/idiopathic
	+ Organic/structural: PUD, GERD, Gastritis, Malignancy
	+ Functional: meeting ROME IV criteria with no underlying structural disease (diagnosis of exclusion)



* Selected differential diagnosis
	+ *Coronary artery disease*
	+ Biliary tract disease
	+ Pancreatitis
	+ Metabolic derangements (hypercalcemia)
	+ Chronic mesenteric ischemia
	+ Gastroparesis
	+ Medications
* Initial workup
	+ History & physical: **rule out ALARM FEATURES:**
		- Onset age >55
		- Family history of upper GI malignancy
		- Weight loss
		- GI bleeding
		- Progressive dysphagia, odynophagia
		- Iron deficiency anemia
		- Vomiting
		- Palpable mass, lymphadenopathy
		- Jaundice
* Management
	+ Labs: CBC (for iron deficiency anemia), CMP (hepatobiliary etiologies)
	+ If age >55 or + alarm symptoms 🡪 referral to GI for early endoscopy
	+ If age <55 and – alarm symptoms 🡪 test for H. pylori
		- If H. pylori positive, treat with triple therapy (clarithromycin, amoxicillin, PPI)
		- If H. pylori negative, PPI trial x 8 weeks (no benefit of any specific PPI)
	+ If typical GERD symptoms, educate on diet/lifestyle modifications and consider PPI
	+ If fails, reassess diagnosis, consider referral to GI for endoscopy

**AT IMA**

* Order “Stool H. Pylori Ag (Feces)”
	+ NOT serum Ag as it will be positive if someone has had H. pylori in the past and had been treated
		- If patient can give sample in office, order as “current” order
		- If patient cannot give sample, give specimen cup for home and place order as “future”
* Order “Consult to Gastroenterology” if + alarm symptoms and needs evaluation for endoscopy

**Social Determinants of Health**

* 50% of adults in US have + H. pylori serology by age 60
* Younger age/higher prevalence in developing countries linked to socioecomonic status (overcrowding, bed sharing, lack of running water)