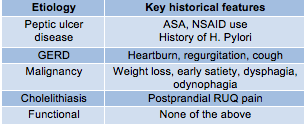
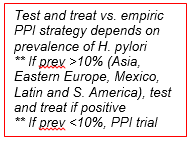
**10. GERD/ Dyspepsia by Sarah Lopatin**

**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)