



Dyspepsia – Upper Abdominal or Stomach Pain (Indigestion)

By: Nicholas J. Talley, M.D., Ph.D., Pro Vice Chancellor, Faculty of Health and Medicine, University of Newcastle, Australia

One of the most common symptoms is pain or discomfort in the stomach or upper abdomen. This is different from heartburn (a burning feeling from acid) which occurs in the lower chest and tends to move up towards the throat.

It is known that one in four people in the community have upper abdominal distress at times. This can be caused by a large number of medical conditions, including peptic ulcer disease, gallstones, esophageal inflammation (esophagitis), and very rarely cancer, to name the major conditions. However, there remain a large number of people who after being investigated have none of these medical conditions. Indeed, there is no obvious cause for their symptoms. Patients who have this type of dyspepsia are referred to as suffering from functional dyspepsia.

Cause

The cause of this condition is not clear. Gastric acid is of uncertain importance, as acid secretion is not increased in people with functional dyspepsia. However, about a third of people respond to acid suppression treatment. Up to half of those with functional dyspepsia do have slow gastric emptying. In addition, a proportion of patients have a sensitive stomach. If a balloon is placed into the stomach and distended, some patients with functional dyspepsia develop sensations while the balloon at lower pressures than people without this problem. Infection occasionally precipitates the problem.

Stress may play a role. It is known that acute stress can affect emptying of food from the stomach, slowing it down. However, the exact relationship between stress and functional dyspepsia remains unclear. Anxiety and depression may be present in some patients with dyspepsia and may contribute to the symptoms.

Sometimes drugs, including aspirin and arthritis medicines, are implicated though many people with functional dyspepsia are not taking such drugs. On the other hand, smoking and alcohol appear not to be important in this condition. About one third of patients with unexplained dyspepsia also have irritable bowel syndrome, so more generalized motility disturbances may be important in some cases.

Once a diagnosis of functional dyspepsia has been made, it is important for the patient to realize that this is a real condition but that it is not life threatening. Some patients find that their symptoms disappear over time for unexplained reasons. Many patients continue to have symptoms on and off over the long term, and some even experience them more frequently, although this is less common.

Treatment

It may be helpful for patients to consider changing their diet when they have this condition. Small, regular, low-fat meals can be helpful in some situations. Stress reduction techniques can also be helpful, especially relaxation therapy. Medications have a role to play in the management of the condition. Antacids with simethicone help some people. Drugs that reduce acid secretion help additional patients with functional dyspepsia. Drugs that speed up movement of food from the stomach to the intestine and through the small intestine may also be useful, especially if you have fullness, bloating or nausea too. Other drugs under testing relax the top of the stomach.

Antidepressants can relieve pain in those who fail other treatments not because of their antidepressant action but because they work on receptors in the gut and the brain. This theory is being tested in a clinical trial funded by the National Institutes of Health. Please go to the website for more information and contact details: <http://www.clinicaltrials.gov/ct2/show/NCT00248651>.

The benefit of other treatments remains to be shown in properly conducted scientific studies and cannot be generally recommended at this time. The herbal product Iberogast may for example be useful.

In conclusion, functional dyspepsia is a common and important condition that has a good prognosis. More research needs to be undertaken to find the causes of this condition and define better treatments for those who have more intractable symptoms.

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