

Q&A: Functional dyspepsia can significantly affect quality of life

July 8 2022, by Cynthia Weiss



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DEAR MAYO CLINIC: I have dealt with digestive issues for much of my 30s. Ulcers run in my family. My doctor said that while I could have an ulcer, testing could determine if it is functional dyspepsia. What is the

difference, what causes functional dyspepsia and is it treatable?

ANSWER: Functional dyspepsia, also called nonulcer dyspepsia, and [peptic ulcers](#) can feel much the same. But, unlike a peptic ulcer, which involves open sores in the digestive tract, functional dyspepsia involves recurring indigestion or stomach pain that has no obvious cause.

Common signs and symptoms of functional dyspepsia include a [burning sensation](#) or discomfort in your upper abdomen or lower chest; bloating; belching; an early feeling of fullness when eating; and nausea. While not life-threatening, the symptoms can significantly affect your quality of life.

To begin the diagnostic process, your [health care](#) professional likely will perform a physical exam. Blood tests may be performed to help rule out other diseases that can cause symptoms similar to dyspepsia.

One component to help with diagnosis is endoscopy, in which a thin, flexible, lighted instrument called an endoscope is passed down your throat so that your health care professional can view your esophagus, stomach and the first part of your small intestine. Endoscopy also allows your health care professional to collect small pieces of tissue from your stomach or duodenum to look for inflammation or cancerous growths. This procedure is called a biopsy.

Your health care professional can determine whether an endoscopy is needed, but endoscopy generally is recommended in adults 60 and older who have symptoms. A normal result on this test most often indicates functional dyspepsia. Endoscopy also may be performed on adults younger than 60 who have "alarm" features—such as weight loss, anemia, difficulty swallowing or persistent vomiting—along with dyspepsia symptoms. This is determined on an individual basis.

If no abnormal results are found with endoscopy, a noninvasive breath or

[stool test](#) to check for the *Helicobacter pylori*, or *H. pylori*, bacterial infection may follow to guide the course of treatment. This test also is used for adults under 60 with no alarm features. If *H. pylori* is present, your health care professional may recommend an antibiotic to eliminate the infection.

For those who test negative for the bacterium, as well as for those whose symptoms persist after antibiotic treatment and clearance of *H. pylori*, the first line of treatment is to reduce stomach acid. This may be performed using two types of medications: [proton pump inhibitors](#) or H₂-receptor blockers. Proton pump inhibitors reduce acid by shutting down the tiny pumps within stomach cells. Examples include esomeprazole (Nexium), lansoprazole (Prevacid) and omeprazole (Prilosec). H₂-receptor blockers, including famotidine (Pepcid) and ranitidine (Zantac), reduce acid production by blocking histamine receptors in stomach cells.

If these options don't manage your symptoms, other medications are available, including those that affect nerve endings in the stomach. Cognitive behavioral therapy also may be recommended to cope with the symptoms and reduce the stress that may trigger stomach pain. Because functional dyspepsia lacks a fully understood cause and its symptoms overlap with other gastrointestinal conditions, the diagnosis of [functional dyspepsia](#) can be challenging. Researchers continue to explore better means of clearly identifying it.

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