

Standard of Care References

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Red Flags

The presence of one or more indicate the need for evaluation of dyspepsia by Esophagogastroduodenoscopy (EGD):

- Age 50+ with new onset of uncomplicated dyspepsia
- Family history of gastric cancer
- Abdominal mass
- Melena
- Persistent vomiting
- Hematemesis
- Dysphagia
- Anemia
- Unexplained weight loss >5%
- Significant symptoms after 4 weeks of treatment with full-dose H₂RA and elimination of medication aggravators
- Second severe attack of dyspepsia in 12-month period

Helicobacter

Test:

Serology for Helicobacter is simple and non-invasive but is not useful in demonstrating successful eradication. The most accurate test for H Pylori is the urea breath test.

Helicobacter testing and treating active infection is recommended for:

- All patients with dyspepsia, including those with GERD symptoms with previous documented peptic ulcer disease
- Patients with non-GERD (reflux/heartburn) dyspeptic symptoms

Treatment

Treat all patients with positive Helicobacter serology with eradication therapy

Preferred:

- Seven days: Standard dose PPI bid + Clarithromycin 550 mg bid + Amoxicillin 1g bid (adjust for local resistance and patient allergy)

