PREVALENCE OF DYSPEPSIA AMONG THE PATIENTS PRESENTING IN THE OUTDOOR DEPARTMENT

AUTHORS:
1. DR. AIMEN FATIMA, SHARIF MEDICAL AND DENTAL COLLEGE LAHORE
2. DR. RABIA JAMIL, RIPHAH INTERNATIONAL UNIVERSITY ISLAMABAD
3. DR. RAFIA ZAFAR GHUMMAN, IDREES TEACHING HOSPITAL SIALKOT

ABSTRACT:
Indigestion, also known as dyspepsia or upset stomach, is a condition of impaired digestion. Symptoms may include upper abdominal fullness, heartburn, nausea, belching, or upper abdominal pain. This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, presence of oral ulcers and their severity were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 80 patients presenting in the outdoor department were included in this study i.e., 40 males (50%) and 40 females (50%). The mean age of the patients was 31.23±5.23 years. Out of these patients, eleven patients presented with oral ulcers, mild to moderate in nature. Further workup was advised accordingly.

Keyword: Dyspepsia
INTRODUCTION:
Indigestion, also known as dyspepsia or upset stomach, is a condition of impaired digestion. Symptoms may include upper abdominal fullness, heartburn, nausea, belching, or upper abdominal pain. People may also experience feeling full earlier than expected when eating. Dyspepsia is a common problem and is frequently caused by gastroesophageal reflux disease (GERD) or gastritis. In a small minority of cases it may be the first symptom of peptic ulcer disease (an ulcer of the stomach or duodenum) and, occasionally, cancer. Hence, unexplained newly onset dyspepsia in people over 55 or the presence of other alarming symptoms may require further investigations.

In those who are older or with worrisome symptoms such as trouble swallowing, weight loss, or blood loss endoscopy is recommended. Otherwise testing for H. pylori followed by treatment of the infection if present is reasonable. Indigestion is common. Functional indigestion (previously called nonulcer dyspepsia) is indigestion without evidence of underlying disease. Functional indigestion is estimated to affect about 15% of the general population in western countries.

In a recent study, patients with peptic ulcer disease were compared with patients with functional dyspepsia in an age and sex-matched study. Although the functional dyspepsia group reported more upper abdominal fullness, nausea, and overall greater distress and anxiety, almost all the same symptoms were seen in both groups. Therefore, it is the clinician’s challenging task to separate patients who may have an organic disorder, and thus warrant further diagnostic testing, from patients who have functional dyspepsia, who are given empiric symptomatic treatment. The workup should be targeted to identify or rule out specific causes. Traditionally, people at high-risk have been identified by "alarm" features. However, the utility of these features in identifying the presence of upper cancer of the esophagus or stomach has been debated. A meta analysis looking at the sensitivity and specificity of
alarm features found a range of 0–83% and 40–98%, respectively. However, there was high heterogeneity between studies. The physical examination may elicit abdominal tenderness, but this finding is nonspecific. A positive Carnett sign, or focal tenderness that increases with abdominal wall contraction and palpation, suggests an etiology involving the abdominal wall musculature. Cutaneous dermatomal distribution of pain may suggest a thoracic polyradiculopathy. Thump tenderness over the right upper quadrant may suggest chronic cholecystitis (1-3).

MATERIAL AND METHODS:
This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, presence of oral ulcers and their severity were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
A total of 80 patients presenting in the outdoor department were included in this study i.e., 40 males (50%) and 40 females (50%). The mean age of the patients was 31.23±5.23 years. Out of these patients, eleven patients presented with oral ulcers, mild to moderate in nature. Further workup was advised accordingly.

DISCUSSION:
People under 55 years without alarm symptoms can be treated without investigation. People over 55 years with recent onset dyspepsia or those with alarm symptoms should be urgently investigated by upper gastrointestinal endoscopy. This will rule out peptic ulcer disease, medication-related ulceration, malignancy, and other rarer causes. People under the age of 55 years with no alarm features do not need endoscopy but are considered for
Investigation for peptic ulcer disease caused by Helicobacter pylori infection. Investigation for H. pylori infection is usually performed when there is a moderate to high prevalence of this infection in the local community or the person with dyspepsia has other risk factors for H. pylori infection, related for example to ethnicity or immigration from a high-prevalence area. If infection is confirmed, it can usually be eradicated by medication.

Antacids and sucralfate were found to be no better than placebo in a literature review. H2-RAs have been shown to have marked benefit in poor quality trials (30% relative risk reduction), but only a marginal benefit in good quality trials. Prokinetic agents would empirically seem to work well since delayed gastric emptying is considered a major pathophysiological mechanism in functional dyspepsia. Currently, PPIs are, depending on the specific drug, FDA indicated for erosive esophagitis, gastroesophageal reflux disease (GERD), Zollinger-Ellison syndrome, eradication of H. pylori, duodenal and gastric ulcers, and NSAID-induced ulcer healing and prevention, but not functional dyspepsia. However, evidence-based guidelines and literature evaluate the use of PPIs for this indication. A helpful chart summarizing the major trials is available from the functional dyspepsia guidelines published in the World Journal of Gastroenterology in 2006 (4-6).

REFERENCES:


