

Indigestion/Dyspepsia in adults guidelines

The routine prescribing of indigestion remedies such as antacids and alginates for the relief of symptoms of simple indigestion, heartburn or acid reflux is not supported by Mid Essex CCG, unless the following criteria are met:

- Patients have contra-indications to the use of PPIs and H2-receptor antagonists
- During the withdrawal of a proton pump inhibitor (PPI), for up to a month to prevent rebound acid hypersecretion

Patients are expected to follow self-care advice and where necessary purchase antacids and alginates to manage their symptoms.

Refer to the policy on [“Prescribing of medicines that are available to purchase”](#) (LINK) and the patient [FAQ on OTC medicines](#) (LINK).

Rationale:

- The prescribing of antacids or alginates are not included in the NICE guidelines for the management of functional dyspepsia, peptic ulcer disease or GORD. The NICE guidance for functional (non-ulcer) dyspepsia states:
“Avoid long-term, frequent dose, continuous antacid therapy (it only relieves dyspepsia symptoms in the short term rather than preventing them)”
- Advise that self-treatment with an antacid and/or alginate may be used for short-term symptom control, but long-term, continuous use is not recommended.
- These products contain a variety of ingredients which with long term use may be associated with the development or increased risk of more serious conditions (e.g. renal failure, osteoporosis)
- There is evidence that antacids are no more effective than placebo in treating dyspepsia symptoms [NICE, 2014].

Recommendations:

- Do not prescribe indigestion remedies – this policy excludes the use of antacids and alginates in children.
- Follow dyspepsia treatment pathway on page 2.

General Management advice for all patients

- Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required.
- Patients should be encouraged to ease symptoms of simple indigestion, heartburn or acid reflux by implementing some self-care measures and making simple changes to diet and lifestyle.

Self-care advice

Advise patients that by taking suitable precautions, the symptoms of indigestion can be reduced and managed to a sufficient level to avoid the need for treatment.

These precautions include:

- Make a note of any food or drink that seems to make your indigestion worse, and try to avoid them.
- Eating less rich, spicy and fatty foods, and cutting down on drinks that contain caffeine, such as tea, coffee and cola.
- Losing weight if they are overweight.
- Stop smoking.
- Stop or reduce alcohol intake.
- Eat meals at regular times and avoid large or late meals in the day.
- Avoid going to bed on a full stomach.
- Increase exercise.
- If stress or anxiety related encourage relaxation strategies.
- Use antacid and/or alginate when necessary for immediate symptom relief after meals and at bedtime.

If clinically appropriate, medications that exacerbate indigestion symptoms should be reviewed and where appropriate changed or stopped e.g. NSAIDs, aspirin, clopidogrel, nitrates, SSRIs, steroids, bisphosphonates, calcium-channel blockers, theophylline.

Dyspepsia treatment pathway

Patient presents with symptoms of indigestion, dyspepsia, heartburn, reflux.

Review and consider other conditions cardiac, liver, gallbladder, pancreas, bowel (Crohn's, IBS), excess alcohol, review medication that exacerbates dyspepsia
Offer self-care advice

RED alert symptoms present? See box 1

Box 1
Acute gastrointestinal bleeding dysphagia or aged 55 and over with weight loss and any of the following: upper abdominal pain, reflux, dyspepsia

Urgent direct access upper gastrointestinal endoscopy (to be performed within 2 weeks)

Any of the following?

- Treatment resistant dyspepsia **OR**
- Upper abdominal pain with low haemoglobin levels **OR**
- **Raised platelet count** with any of the following:
 - nausea
 - vomiting
 - weight loss
 - reflux
 - dyspepsia
 - upper abdominal pain

OR

- nausea or vomiting with any of the following:
 - weight loss
 - reflux
 - dyspepsia
 - upper abdominal pain

Refer for non-urgent endoscopy.
Advise patients to avoid PPI or Histamine 2 receptor antagonist for 2 weeks prior to endoscopy.
See flow chart 2 overleaf for management based on diagnoses.

No further treatment
Patient to continue self-care

Advise on purchasing antacids and/or alginates for self-care management of symptoms (see patient leaflet)
Trial for 4 weeks

Symptoms resolved

Symptoms not resolved

If symptoms recur or change in symptoms – re-enter pathway

Predominantly heartburn/ regurgitation symptoms?

Treat with full dose PPI for **1 month** **OR** Test for H.Pylori Treat if positive (see next page)
-Omeprazole 20mg OD or
-Lansoprazole 30mg OD

Manage as GORD (see next page)

Symptoms resolved?

Yes

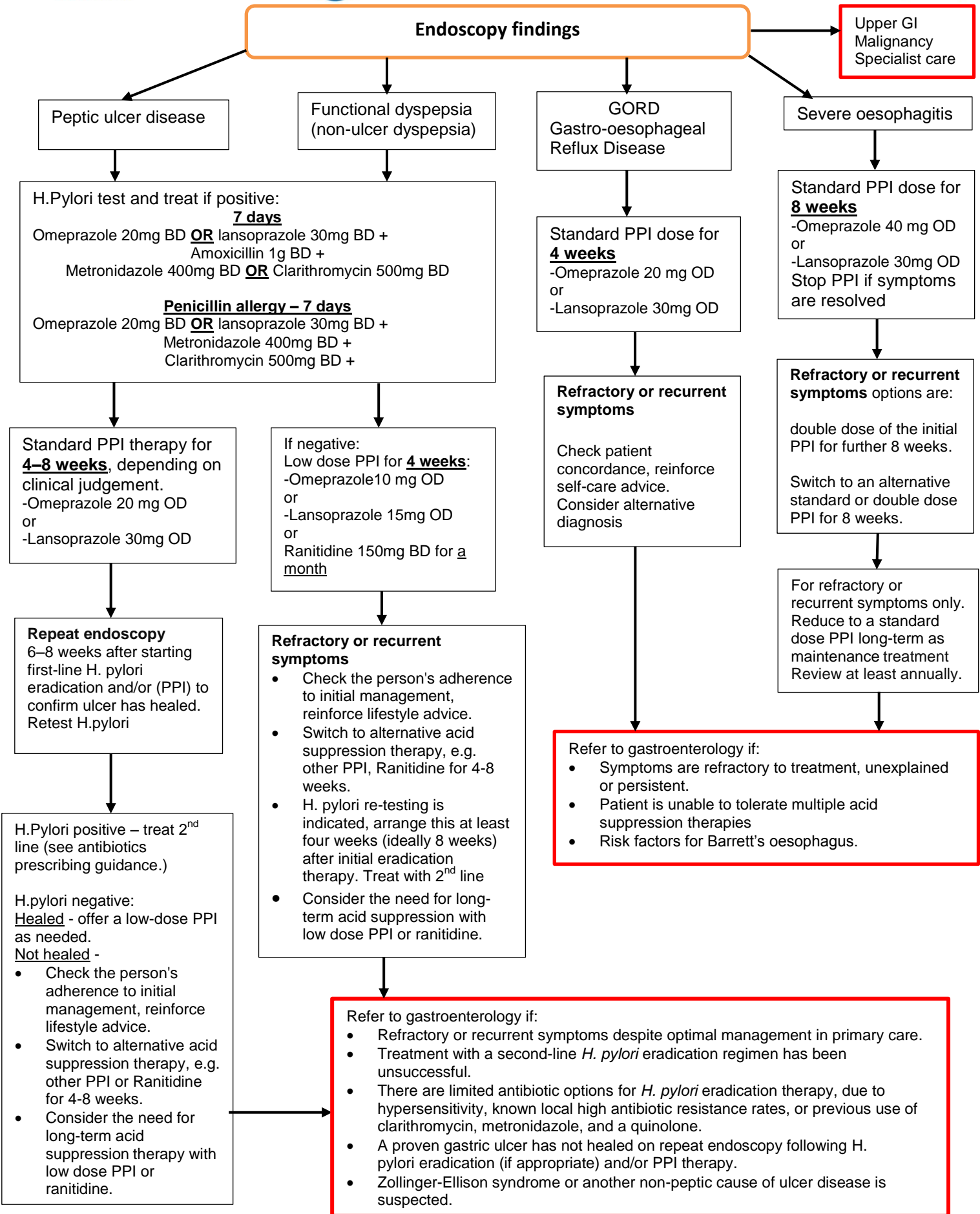
No

No further treatment
Patient to continue self-care
If symptoms recur or change in symptoms – re-enter pathway

Switch to the alternative strategy

Symptoms resolved?

Yes



All patients review at least annually and encourage step down/stop treatment. [See safe prescribing of PPIs and stepping down guidance LINK](#)

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Author	Medicines Optimisation Team, Mid Essex CCG
Reference:	<p>NHS England https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf</p> <p>NICE guidance Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management CG184 September 2014 https://www.nice.org.uk/guidance/cg184/chapter/Key-priorities-for-implementation</p> <p>NICE Clinical knowledge summaries – unidentified dyspepsia https://cks.nice.org.uk/dyspepsia-unidentified-cause</p> <p>NICE Clinical knowledge summaries – proven functional dyspepsia https://cks.nice.org.uk/dyspepsia-proven-functional</p> <p>NICE Clinical knowledge summaries – proven GORD https://cks.nice.org.uk/dyspepsia-proven-gord</p> <p>NICE Clinical knowledge summaries – proven peptic ulcer https://cks.nice.org.uk/dyspepsia-proven-peptic-ulcer</p> <p>All Wales Medicines Strategy Group Dyspepsia Resource pack http://www.wales.nhs.uk/sites3/Documents/814/AllWalesPPI%26DyspepsiaResourcePackApril2013.pdf</p> <p>GP notebook</p>
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