Reflux / Dyspepsia Primary Care Algorithm



Greater Manchester

Cancer Alliance

Dyspepsia Reflux

- Heartburn (burning sensation on chest usually after eating)
- Regurgitation (an unpleasant sour taste in mouth caused by stomach acid)
- Waterbrash (excessive salivation)
- Indigestion discomfort or burning in the stomach, belching, nausea after eating, early satiety.

SUSPECTED CANCER SYMPTOMS

- Dysphagia (see dysphagia algorithm), IDA, >55yrs + weight loss
- CONSIDER ASSOCIATED AT RISK CONDITIONS
- e.g. Barrett's oesophagus, atrophic gastritis, pernicious anaemia, strong FH of UGI cancer.

URGENT SUSPECTED UGI CANCER REFERRAL

Review Medication

RED FLAGS

- Consider alternatives if co-morbidities allow
- Calcium antagonists, Theophylline, Nitrates relax lower oesophageal sphincter
- Steroids, Bisphosphonate and NSAIDs GI Inflammation

Review Lifestyle

- Diet; Healthy eating, avoid triggers e.g. coffee, chocolate, fatty foods, alcohol). Main meal >4 hours before bed. (consider referral to local community dietican)
- Weight reduction. Smoking cessation
- Raise head end of the bed (wedge under matress OR prop footings of bed up 6 inches)

PPI Therapy

• Full dose PPI therapy for 1 month (e.g. omeprazole 40mg OD)

- H. pylori test and treat, STOP acid suppression 2 weeks prior.
- ALternative diagnosis (cardiac/biliary disease/coleiac disease)
- FBC, LFTs, Coeliac screen, ECG.

Investigate

- Further 1 month treatment
- Add in H2RA (e.g Famotidine 40mg ON for nocturnal symptoms)
- •Increase PPI or Switch PPI

PPI + Therapy

- Unresolved symptoms
- Refer to secondary care via non urgent / direct access endoscopy or cytosponge

resolved but
then recur after
stopping PPI
then treat with
lowest dose to
control
symptoms (this
may be prn)

If symptoms

Self-Care

Annual Primary Care Review

SYMPTOMS RESOLVED

REFER