Provincial Dyspepsia Primary Care Clinical Pathway

1. Suspected dyspepsia
Predominant symptoms (>1 month):
- Epigastric discomfort/pain
- Upper abdominal distention or bloating

No → **2. Is it GERD?**
Predominant symptoms of heartburn +/- regurgitation

Yes → Follow GERD Pathway

No → Yes

3. Alarm features
- Family history (first-degree relative) of esophageal or gastric cancer
- Personal history of peptic ulcer disease
- Age >60 with new and persistent symptoms (>3 months)
- Unintended weight loss (> 5% over 6-12 months)
- Progressive dysphagia
- Persistent vomiting (not associated with cannabis use)
- Black stool or blood in vomit (see link above for Primer on Black Stool and High Risk Rectal Bleeding Pathway
- Iron deficiency anemia (see link above for Iron Primer and Iron Deficiency Anemia Pathway)

Yes → 8. Refer for consultation/endoscopy. See referral guideline tab for details.

For more information on Gastric Cancer Prevention and Screening

If unsatisfactory response, consider using an advice service before referring. See referral guideline tab for details.

No

Initial investigation and management

4. Medication and lifestyle review
- Medication history, including OTCs and supplements
- Dietary triggers, consider alcohol use, weight management, caffeine, smoking, stress

Symptoms improve → No further action required

Consider based on history

5. Baseline investigations
- CBC and HpSAT mandatory (see box 6)
- Ferritin (optional)
- TTG IGA (celiac screen)
- Abdominal ultrasound, ALT, ALP, bilirubin, lipase (if considering hepatobiliary or pancreatic disease

Abnormal → Other diagnosis

6. Test and treat for H.pylori infection (HpSAT or UBT)

Positive → Follow H.Pylori pathway

Ongoing symptoms or no obvious findings

7. Pharmacological therapy

PPI trial: Once daily for 4-8 weeks

Symptoms resolve → Discontinue or titrate down to lowest effective dose

Symptoms return → PPI maintenance
- Lowest effective dose
- Consider annual trial of deprescribing

Inadequate response → Optimize PPI: Twice daily for 4-8 weeks

Inadequate response → Consider investigations not completed in 5 and 6

Abnormal → Other diagnosis

No significant findings

Optional or while awaiting specialist consultation
- Low-dose tri-cyclic antidepressant trial (TCAs) weak evidence) **-or-**
- Domperidone trial (weak evidence) (if patient is age <60, QT interval is normal, no family history of sudden cardiac death) start 5mg TID, increase to 10mg TID max