

## **NON-ULCER DYSPEPSIA**

### **The assessment of indigestion symptoms**

If you have been given this leaflet it is likely that you will have consulted a doctor about symptoms of indigestion. Typical symptoms of indigestion include heartburn, bloating, pain in the upper abdomen after eating and a sensation of fullness after eating. Causes of indigestion include peptic ulcers, reflux oesophagitis and non-ulcer dyspepsia.

The doctor may suggest a number of ways of dealing with the problem and this will depend on the particular symptoms that you are experiencing.

Patients with new or persistent symptoms will generally be referred to see a specialist who will begin with careful questioning about the exact nature of the symptoms, where they occur, what seems to trigger them what treatments have been tried and the success or otherwise of these treatments. This questioning is often the most important step in guiding further tests and ultimately explaining the cause of your symptoms.

After the consultation a number of tests may be ordered. This will usually include blood tests and some further specialist tests. The following may be suggested:

- **Blood tests:** will check to ensure that you are not anaemic and that your internal organs are functioning normally.
- **A breath test:** this is a simple, painless, and accurate test to detect infection in the stomach with the organism *Helicobacter pylori*. (This test cannot be done if antacids are being taken) This infection is very common and affects half of the world's population. It can be the cause of indigestion, peptic ulcers (benign ulcers of the stomach and duodenum), and inflammation of the stomach lining.
- **An abdominal ultrasound:** This is a painless examination of the abdomen that uses sound waves to examine the organs within the abdomen. It is particularly useful for looking for gallstones and is also able to give information about the liver, kidneys, pancreas and spleen. This test can also give information about the way that the stomach empties itself.
- **Endoscopy:** this is an extremely useful test for examining the stomach. This test involves the passage of a narrow and flexible telescope into the stomach via the mouth. It is often performed using a mild sedative injection, but is not a painful test and takes only a few minutes to perform. An endoscopy is a very useful test to diagnose ulcers, inflammation of the stomach, the presence of infection with *Helicobacter pylori* and to rule out more serious disease. However in many patients with symptoms of indigestion, mild abnormalities or no abnormality is found.

Once all these tests have been completed the doctor may tell you that your examination blood tests and the specialized tests that have been performed are all normal. However you still have your symptoms, and if these are mainly those of upper abdominal pain, bloating and fullness the likely diagnosis will be NON ULCER DYSPEPSIA. This leaflet now explains in more detail what is meant by this term.

### ***Non-ulcer dyspepsia and motility disorders of the gastrointestinal tract***

**Symptoms;** Patients experience a variety of symptoms including; upper abdominal pains, discomfort after eating, a sensation of fullness and bloating after eating and occasionally nausea.

It is often difficult to understand why you should experience problems when all of the tests have not shown a problem with your stomach. It is thought that the problem with non-ulcer dyspepsia is with the way in which the activity and contraction of the muscles (which doctors call motility) of the stomach works. For some reason this appears to have become disorganized. The stomach (and the gut in general), has its own nerve control system, that controls the movement and contraction of the muscles.

The stomach appears to have its own 'pacemaker' that controls the speed and strength of muscle contractions in the stomach. This is a little like the pacemaker in the heart has that controls the frequency with which the heart beats. For some reason in a proportion of patients with non ulcer dyspepsia, abnormality of the frequency or force of muscle activity is seen. The cause of these abnormalities is not known and our treatment is currently directed at control of symptoms.

The irritable bowel syndrome is a disorder that affects the lower part of the bowel and causes symptoms of bloating, discomfort and altered bowel habit. Again here there is probably a disturbance of the way in which the muscle movement and activity occurs and further information on IBS is available in a separate leaflet.

### ***Treatment of non-ulcer dyspepsia***

Symptoms often diminish once the sufferer is assured there is no serious cause – because any stress or anxiety may make them worse.

Treatment of the symptoms associated with disordered motility is generally with two main groups of drugs. Firstly drugs that reduce the amount of acid that the stomach produces. Although this condition is not caused by an excess of acid, reducing stomach acid can help with symptoms. The second group of drugs act to try to coordinate the movement and emptying of the stomach. These drugs are particularly useful for patients with a feeling of fullness and bloating. Where nausea is a particular problem anti-sickness drugs may also help. When the infection *Helicobacter pylori* is found in patients with this problem, the infection is usually cleared with antibiotics but this does not always help with symptoms.

Like most causes of indigestion it is not easy to 'cure' for dysmotility conditions, but regular or intermittent courses of medication as shown above is often effective in controlling symptoms.

Core is the working name for the Digestive Disorders Foundation

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Registered Charity No 262762