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61 – Current Panorama of Dyspepsia in Mexico and Latin America: a Point of View From Family Medicine

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In 2012, Dominguez, R. (1) published a multicentre multivariate analysis that studied 1,859 patients (Colombia, Costa Rica, Nicaragua, Honduras, Mexico and Chile) and which aim was to research the prevalence of dyspepsia among people between 21 and 65 years old. This study applied the ROMA III criteria, which is a set of symptoms that allows us to classify dyspepsia in three categories: functional dyspepsia, postprandial discomfort syndrome and epigastric pain syndrome. Results show that prevalence was present in 25.15% of the cases; it was more frequent among women (29.5%) than men (18.5%), and the category that predominated was the postprandial distress syndrome with 16.7% opposite to epigastric pain syndrome which was only found on 0.3% of the cases. An important feature was that all the patients that participated in the study took a breath test to identify presence of *Helicobacter pylori* (Hp), where the prevalence average was 79%, similar in all countries.

To analyse the epidemiology of this disorder in Mexico, Blanco and cols. carried out a study in 2015 which aim was to determine the dyspepsia prevalence in 3,038 people suffering the condition while comparing them against 1,625 healthy individuals. Results show that dyspepsia prevalence was 10%, of which 68% women. (2)

Today, the bacterium has a worldwide spread; its presence is greater within countries with precarious sanitary conditions and its transmission is faecal-oral or oral-oral. There is a greater chance of infection during childhood and its prevalence increases with age. According to the National Cancer Institute in Mexico, -and specifically regarding to a seroprevalence study conducted by Torres, J. y Cols- 11,000 individuals aged from 1 to 90 years were analysed across the Mexican territory in order to detect the presence of IgG against Hp through ELISA. The results were positive in 20% of children under 1 year, 50% in children of 10 years and 80% people of 25 years or older. (3)

The former findings suggest that there is evidence to state that patients with dyspepsia have a high probability of being a carrier of Hp, therefore, actions need to be taken to eradicate the infection, so that we can improve the quality of life of our patients in many cases.

Clinical assessment is the master key instance in primary care and the most important tool in the practice of the Family doctor, therefore diagnosis must be integrated through a thorough medical history and a careful physical examination. During examination, doctors will confirm when the symptoms started by a set of questions, that seek to find more information about its duration, location and irradiation of pain,

its semiotics, and the habits of daily living and the use of drugs by patients. Once these data are gathered, the medic should take into account which are the diseases that more frequently produce dyspeptic symptoms (Peptic ulcer, gastric cancer, etc.) which are related with Hp. If the clinic is not sufficient to establish the precise diagnosis, doctors should rely on complementary diagnostic tests that can broaden our panorama.

We should remember to ask patients to undertake paraclinical studies gradually and systematically, by beginning with a haematological cytometry in order to discard a possible anaemia triggered by gastrointestinal bleeding. Furthermore, we shall ask for an erythrocyte sedimentation rate in suspicion of inflammatory bowel disease, and a blood chemistry which includes a test of renal functions. Endoscopy will be part of the toolkit in the diagnosis aiming to identify malformations and in the case of positive results, doctors will require a biopsy. (4-6)

If symptoms cease after patients take treatment to treat bacteria, we will improve the patient's quality of life without resorting to uncomfortable procedures. However and even when the Family doctor is not the person in charge to undertake the tests, he or she is obliged to be acquainted with these procedures. According to Garza and cols. 7 among the tests that produce better results we can mention the biopsy, the quick urease test and the serology for antibodies against Hp.

Regarding to the treatment, dyspepsia and Hp infection share certain similarities, the difference among them is taking antibiotics. It will be our duty to encourage the patient through a healthy lifestyle and the suspension of certain harmful habits.

The first step is to release the patient from the symptoms by using – regarding to its effectiveness and by doing it gradually: 1) Prokinetics, 2) Anti-H2 and 3) Proton-pump inhibitor (PPIs). If the patient does not present any positive response after 4 to 12 weeks of the treatment doctors should opt for the eradication operation against Hp.

Currently there are several treatments, the most popular one is the called “triple standard” including, as we know, PPIs, amoxicillin or clarithromycin, and metronidazole and or tinidazole, which to date has demonstrated an effectiveness between 55 and 73.6% according to F. Sierra and his study undertaken in 2014 in Colombia. The referred study suggests an increasing effectiveness in the use of quinolones as second-line treatment with eradication results of 100%. (6-8.)

Take Home Message

- Dyspepsia is defined by a pain in the upper abdomen or behind the breastbone. It manifests as burning and can be accompanied by satiety, postprandial heaviness, and less specific symptoms like belching, sickness and threw up.
- Risk factors for dyspepsia are triggered by, in 79% of cases, Hp infection, but also by the consumption of snuff, alcohol, coffee, high-fat diets and the use of NSAIDs. This is also related with behavioural disorders, such as stress, anxiety, depression and neurosis.
- The diagnosis is clinical and is integrated by a thorough medical history and a careful physical examination. During the interrogation the doctor will inquire the symptoms, the duration of such symptoms, its location and irradiation of pain, its semiotics, as well as the daily living habits and drug used by the patient.
- Complementary diagnostic tests: Endoscopy to discard malformations. In suspicion of *Helicobacter pylori*, doctor may prescribe a quick urease test and serology for antibodies against Hp.
- Treatment consists of a healthy lifestyle, the suspension of harmful habits as well as a drug treatment to abate the symptoms (prokinetics, anti-H2 and proton-pump inhibitor, PPIs). If this fails, doctors will opt for the eradication operation against Hp.

Original Abstract

<http://www.woncaeurope.org/content/dyspepsia-primary-care-state-art-session>

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