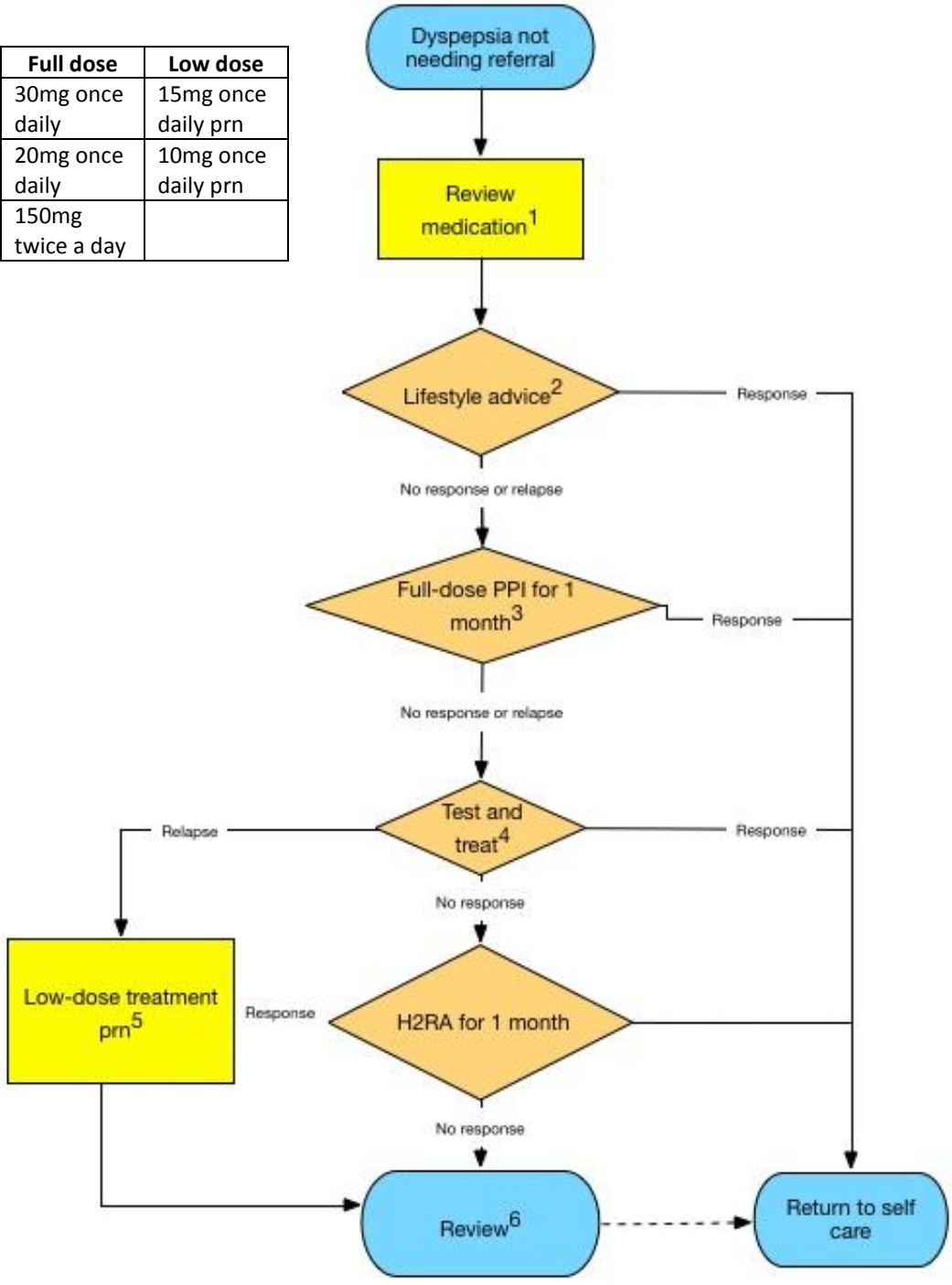
INTERVENTIONS FOR UNINVESTIGATED DYSPEPSIA

	Full dose	Low dose
Lansoprazole	30mg once daily	15mg once daily prn
Omeprazole	20mg once daily	10mg once daily prn
Ranitidine	150mg twice a day	



1. Review medications for possible causes for possible causes, e.g. calcium antagonists, nitrates, theophyllines, bisphosphonates, steroids and NSAIDs.
2. Offer lifestyle advice, including healthy eating, weight reduction and smoking cessation, promoting continued use of antacids/alginates.
3. There is currently inadequate to guide whether full-dose PPI for one month or *H.pylori* test and treat should be offered first. Either treatment may be tried first with the other being offered where symptoms persist or return.
4. Detection: use carbon-13 urea breath test, stool antigen test or, when performance has been validated, laboratory-based serology.
5. Offer low-dose treatment. Discuss the use of treatment on an 'on-demand' basis to help patients manage their own symptoms.
6. In some patients with an inadequate response to therapy, it may become appropriate to refer to a specialist for a second opinion. Emphasise the benign nature of dyspepsia. Review long-term patient care at least annually to discuss medication and symptoms.

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Source: NICE Clinical Guideline184, Dyspepsia and gastro-oesophageal disease, September 2014