



Dyspepsia—Upper Abdominal Pain

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One of the most common symptoms is pain or discomfort in the upper abdomen. It is known that one in four people in the community have upper abdominal distress at times. This can be caused by a large number of medical conditions, including peptic ulcer disease, gallstones, esophageal inflammation (esophagitis), and cancer, to name the major conditions. However, there remain a large number of people who after being investigated have none of these medical conditions. Indeed, there is no obvious cause for their symptoms. Patients who have this type of dyspepsia are referred to as suffering from functional dyspepsia.

Cause

The cause of this condition is not clear. Gastric acid does not appear to be of major importance, as acid secretion is not increased in people with functional dyspepsia. Up to half of those with functional dyspepsia, however, do have slow gastric emptying. In addition, a proportion of patients has a sensitive stomach. If a balloon is placed into the stomach and distended, some patients with functional dyspepsia develop sensations with the balloon at lower pressures than people without this problem.

Stress may play a role. It is known that acute stress can affect emptying of food from the stomach, slowing it down. However, the exact relationship between stress and functional dyspepsia remains unclear. Anxiety and depression may be present in some patients with dyspepsia and may contribute to the symptoms.

Sometimes drugs, including aspirin and arthritis medicines, are implicated though many people with functional dyspepsia are not taking such drugs. On the other hand, smoking and alcohol appear not to be important in this condition. About one third of patients with unexplained dyspepsia also have irritable bowel syndrome, so more generalized motility disturbances may be important in some cases.

Once a diagnosis of functional dyspepsia has been

made, it is important for the patient to realize that this is a real condition but that it is not life threatening. Some patients find that their symptoms disappear over time for unexplained reasons. Many patients continue to have symptoms on and off over the long term, and some even experience them more frequently, although this is less common.

Treatment

It may be helpful for patients to consider changing their diet when they have this condition. Small, regular, low-fat meals can be helpful in some situations. Stress reduction techniques can also be very helpful, especially relaxation therapy. Medications have a small role to play in the management of the condition. Drugs that reduce acid secretion and antacids are probably not of major help in many patients with functional dyspepsia, even though these drugs *are* useful in peptic ulcer and esophagitis. Drugs that speed up movement of food from the stomach to the intestine and through the small intestine may be helpful, as they have been shown in well-conducted trials to be superior to placebo preparations. The benefit of other treatments remains to be shown in properly conducted scientific studies and cannot be generally recommended at this time.

In conclusion, functional dyspepsia is a common and important condition that has a good prognosis. More research needs to be undertaken to find the causes of this condition and define better treatments for those who have more intractable symptoms.

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