

消化不良症：台灣之共識及臨床指引—Diagnosis

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Dyspepsia is a very common symptom in patients visit not only primary care physicians but also gastroenterologists. However, organic causes are detected in only a part of patients. The definition of dyspepsia refers to symptoms that are considered to originate from the gastroduodenal region. Dyspeptic symptoms include epigastric pain, epigastric burning, postprandial fullness, early satiation and others, such as bloating in the upper abdomen, nausea, vomiting and belching. Functional dyspepsia (FD) is defined as a condition in which dyspeptic symptoms occur in the absence of underlying organic diseases. Therefore, to establish a consensus for functional dyspepsia is important in order to provide a relevant guide on diagnosis and management of functional dyspepsia for primary care physicians as well as gastroenterologists in Taiwan.

Statement 1. An upper gastrointestinal endoscopy (including test for *Helicobacter pylori* infection) can be considered as the first investigation for patients with uninvestigated dyspepsia (1-4).

Statement 2. Dyspepsia patients with alarm features, and probably regular NSAIDs users should be investigated before the diagnosis of functional dyspepsia (5-7).

Statement 3. Other diagnostic modalities including blood tests, stool tests, and imaging studies may be individually needed (8).

Statement 4. Gastric sensorimotor function tests including gastric emptying or accommodation studies may be considered in subgroups of patients (9, 10).

Statement 5. Patients of functional dyspepsia should be differentiated from those with overlapping symptoms, such as irritable bowel syndrome and gastroesophageal reflux disease (11 12).

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