

Dyspepsia: test-and-treat is best approach

Clinical Question:

What role does endoscopy play in the management of dyspepsia?

Bottom Line:

Patients with dyspepsia who are referred for immediate endoscopy report fewer symptoms at 2 months, but at 1 year there was no advantage to endoscopy over other approaches. Testing for *Helicobacter pylori* and treating patients who are infected ("test-and-treat") is the most cost-effective approach. (LOE = 1b-)

Reference:

[Duggan AE, Elliott CA, Miller P, Hawkey CJ, Logan RF. Clinical trial: a randomized trial of early endoscopy, *Helicobacter pylori* testing and empirical therapy for the management of dyspepsia in primary care. *Aliment Pharmacol Ther* 2008; 29:55-68.](#)

Study Design:

Randomized controlled trial (nonblinded)

Funding:

Industry + govt

Setting:

Outpatient (primary care)

Allocation:

Uncertain

Synopsis:

This study compared 4 strategies for managing dyspepsia. General practice physicians in 42 practices in the United Kingdom recruited 762 patients with symptoms of dyspepsia but without alarm symptoms suggestive of malignancy. These patients reported significant dyspepsia, with 65% of patients reporting symptoms at least 50% of the time and 56% of patients reporting that symptoms interfered with normal activity. The patients were randomized (uncertain concealed allocation) to one of the following approaches: immediate endoscopy, with treatment dictated by the results; *H. pylori* testing, referring patients with positive results for endoscopy ("test and refer"); *H. pylori* testing, with immediate eradication therapy for patients with positive results (test-and-treat); or, no testing and immediate

treatment with acid suppression therapy (lansoprazole 30 mg daily for 1 month). Patients were evaluated 6 weeks after treatment and managed further at the discretion of their physician. At 2 months, significantly more patients randomized to receive early endoscopy reported no symptoms or minimal symptoms than did patients in the other groups (74% vs 55% - 68%; $P = .009$). At 1 year, results were similar across all 4 groups, with approximately half the patients reporting no symptoms or minimal symptoms. Acid suppression therapy over the year was similar across all 4 groups. Approximately 30% of patients were eventually referred for endoscopy in groups that did not receive immediate or test-and-refer endoscopy, although most patients who were *H. pylori*-negative did not have evidence of ulcer. Using British costs, test-and-treat was the most cost-effective approach. Other studies have shown similar results.

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