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Summary

Dyspepsia: To treat or to scope

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UEG Week Barcelona 2026 | Presentation

Hepatobiliary | Primary Care | Neurogastroenterology & Motility | Endoscopy

October 20, 2026

A primary care perspective on dyspepsia management emphasizes selective endoscopy use, Helicobacter pylori testing, and longitudinal follow-up rather than routine scoping of all patients.

KEY POINTS

- The speaker stated that dyspepsia is very common in primary care but endoscopy should be reserved for few patients when necessary, as test-and-treat strategies require fewer endoscopies.
- Red flag symptoms requiring urgent endoscopy include bleeding, hemodynamic compromise, progressive dysphagia, odynophagia, vomiting, unexplained anaemia, and first-time onset in elderly patients around 55 to 70 years old.
- Helicobacter pylori testing is recommended per Rome Five criteria, and test-and-treat often solves dyspepsia, followed by PPI trial if necessary and reassessment.
- Rome Five guidelines now require only eight weeks of symptoms rather than six months and emphasize personalized management based on postprandial distress syndrome versus epigastric pain syndrome.
- Longitudinal care and follow-up are key primary care characteristics, with communication about agreed plans, review dates, and referral pathways between primary care and specialists being very relevant.
- The speaker referenced a Canadian trial that scoped all primary care dyspepsia patients and found the majority had mild or no findings, illustrating that primary care differs substantially from hospital settings.

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