

# United European Gastroenterology (UEG) and European Society for Neurogastroenterology and Motility (ESNM) consensus on functional dyspepsia

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**Standards and Guidelines**

**Neurogastroenterology & Motility**

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**A European Delphi consensus of 41 experts from 22 countries reached agreement on 36 of 87 statements regarding the definition, pathophysiology, diagnosis, and management of functional dyspepsia.**

## KEY POINTS

- Cardinal symptoms of functional dyspepsia include early satiation, postprandial fullness, epigastric pain, and epigastric burning, with subdivision into epigastric pain syndrome and postprandial distress syndrome.
- Endoscopy is mandatory for establishing a firm diagnosis, though primary care patients without alarm symptoms or risk factors can be managed without endoscopy.
- *H. pylori* status should be determined in every patient with dyspeptic symptoms, and *H. pylori* positive patients should receive eradication therapy.
- Proton pump inhibitor therapy is considered an effective treatment for functional dyspepsia, but no other treatment approach reached consensus.
- Pathophysiological mechanisms with consensus support include impaired gastric accommodation, delayed gastric emptying, hypersensitivity to gastric distention, *H. pylori* infection, and altered central processing of gastroduodenal signals.

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