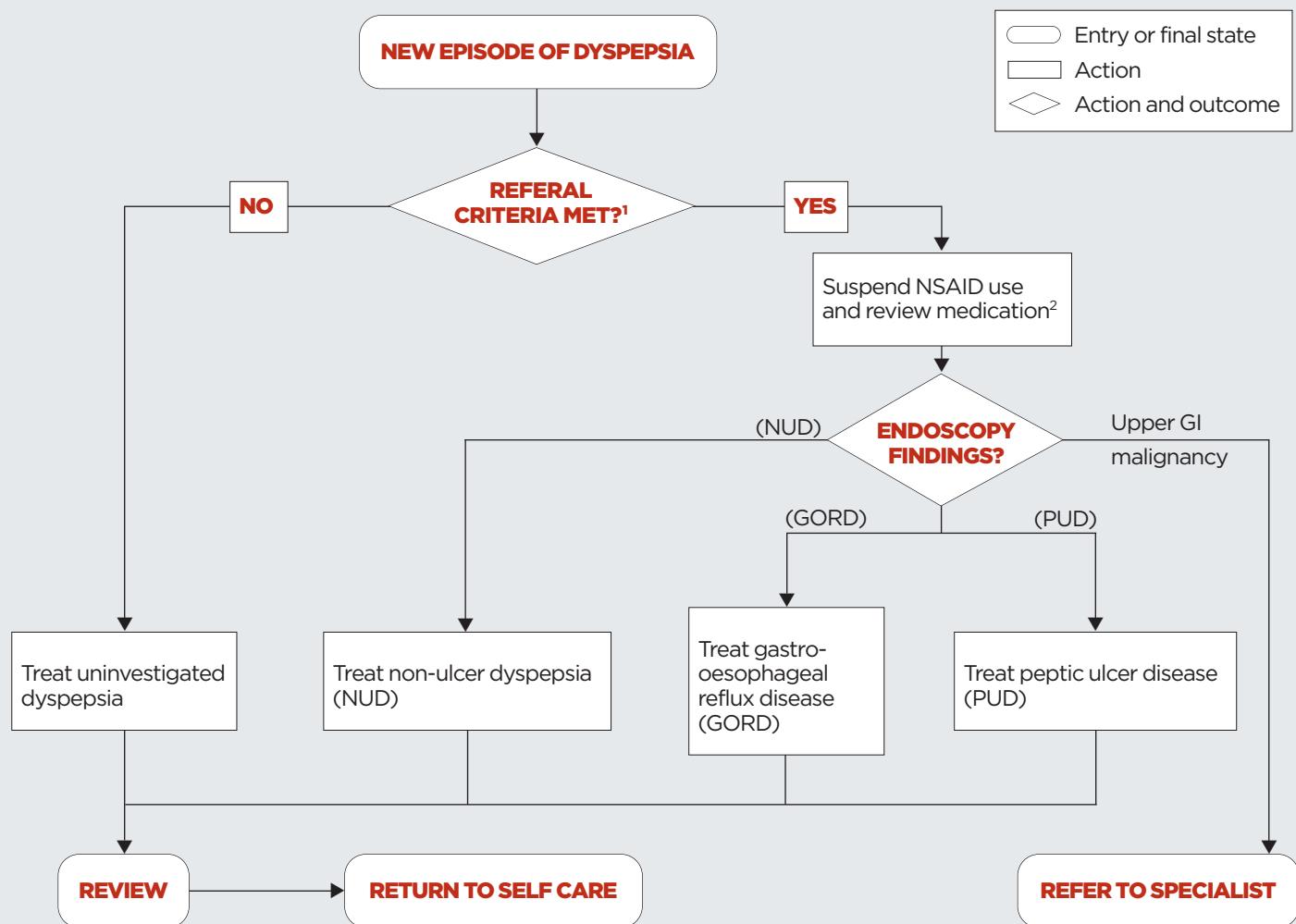


Table 4: NICE flowchart of referral criteria and subsequent management



1 Immediate referral is indicated for significant acute gastrointestinal bleeding.

Consider the possibility of cardiac or biliary disease as part of the differential diagnosis.

Urgent specialist referral* for endoscopic investigation is indicated for patients of any age with dyspepsia when presenting with any of the following: chronic gastrointestinal bleeding, progressive unintentional weight loss, progressive difficulty swallowing, persistent vomiting, iron deficiency anaemia, epigastric mass or suspicious barium meal.

Routine endoscopic investigation of patients of any age, presenting with dyspepsia and without alarm signs, is not necessary. However, in patients aged 55 years and older with unexplained** and persistent** recent-onset dyspepsia alone, an urgent referral for endoscopy should be made. Consider managing previously investigated patients without new alarm signs according to previous endoscopic findings.

2 Review medications for possible causes of dyspepsia, for example, calcium antagonists, nitrates, theophyllines, bisphosphonates, steroids and NSAIDs. Patients undergoing endoscopy should be free from medication with either a proton pump inhibitor (PPI) or an H₂ receptor antagonist (H₂RA) for a minimum of two weeks.

* The Guideline Development Group considered that 'urgent' meant being seen within two weeks.

** In the referral guidelines for suspected cancer (NICE Clinical Guideline no. 27), 'unexplained' is defined as 'a symptom(s) and/or sign(s) that has not led to a diagnosis being made by the primary care professional after initial assessment of the history, examination and primary care investigations (if any)'. In the context of this recommendation, the primary care professional should confirm that the dyspepsia is new rather than a recurrent episode and exclude common precipitants of dyspepsia such as ingestion of NSAIDs. 'Persistent' as used in the recommendations in the referral guidelines refers to the continuation of specified symptoms and/or signs beyond a period that would normally be associated with self-limiting problems. The precise period will vary depending on the severity of symptoms and associated features, as assessed by the healthcare professional. In many cases, the upper limit the professional will permit symptoms and/or signs to persist before initiating referral will be 4-6 weeks.