



## Service Priorities and Programmes Electronic Presentations

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### **A Collaborative approach in Enhancing the Management of Patients presented with Functional Dyspepsia in Family Medicine Specialist Clinic(FMSC)**

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#### **Keywords:**

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#### **Introduction**

Dyspepsia is commonly seen in general practice. Functional dyspepsia is the most common diagnosis and makes up to 70% of dyspepsia cases.(1) The use of OGD in diagnosis is not cost effective and will pose a great service burden to the SOPC . The use of non invasive urea breath test (UBT) as a rapid diagnostic procedure makes clinical and economic sense if the patient is young and symptoms are vague. As a result, patients with alarming symptoms, such as weight loss, dysphagia and older age at onset can access the OGD more readily.

#### **Objectives**

Patient aspect : Early detection and treatment of H pylori in patient with functional dyspepsia Hospital aspect: To reduce the service demand of OGD in SOPD with the use of non invasive UBT Public Private aspect: To enhance the public private collaboration and shared care by using the private investigation and public pharmacological treatment: Triple therapy.

#### **Methodology**

During the period from 12/2008 to 12/2014, 51 patients presenting with dyspepsia discomfort were seen in Ha Kwai Chung FMSC. These patients, without clinical redflags, were advised to perform the UBT in private settings. The patients were followed up and triple therapy was provided to patients with positive results.

#### **Result**

Among these 51 patients(Male29, Female 22) , the age range are 13 to 72 with the majority below 30 years old. (<30 years old: 34, 31-40 years old: 5 , 41- 50 years old: 7 , > 51 years old: 5). There were 15 cases (29%) UBT positive and 36 cases (79%) UBT negative. For the 14 UBT positive cases, they are all improved after a course of triple therapy. For the other 36 UBT negative cases, majority were improved after a course of antacid , H2 blocker or proton pump inhibitor. The UBT also have a high predictive value. There were 7 OGD performed in these 51 patients in subsequent follow up. 6 of them were initially breath tests negative and the OGD also showed

gastritis only. For the remaining case of UBT positive, OGD was done due to persistent pain. The biopsy result also showed H pylori gastritis and the patient was treated with quadruple therapy. For these results, It showed that the use of noninvasive UBT can be an alternative for OGD in assessing young patient with dyspepsia discomfort without alarming symptoms.