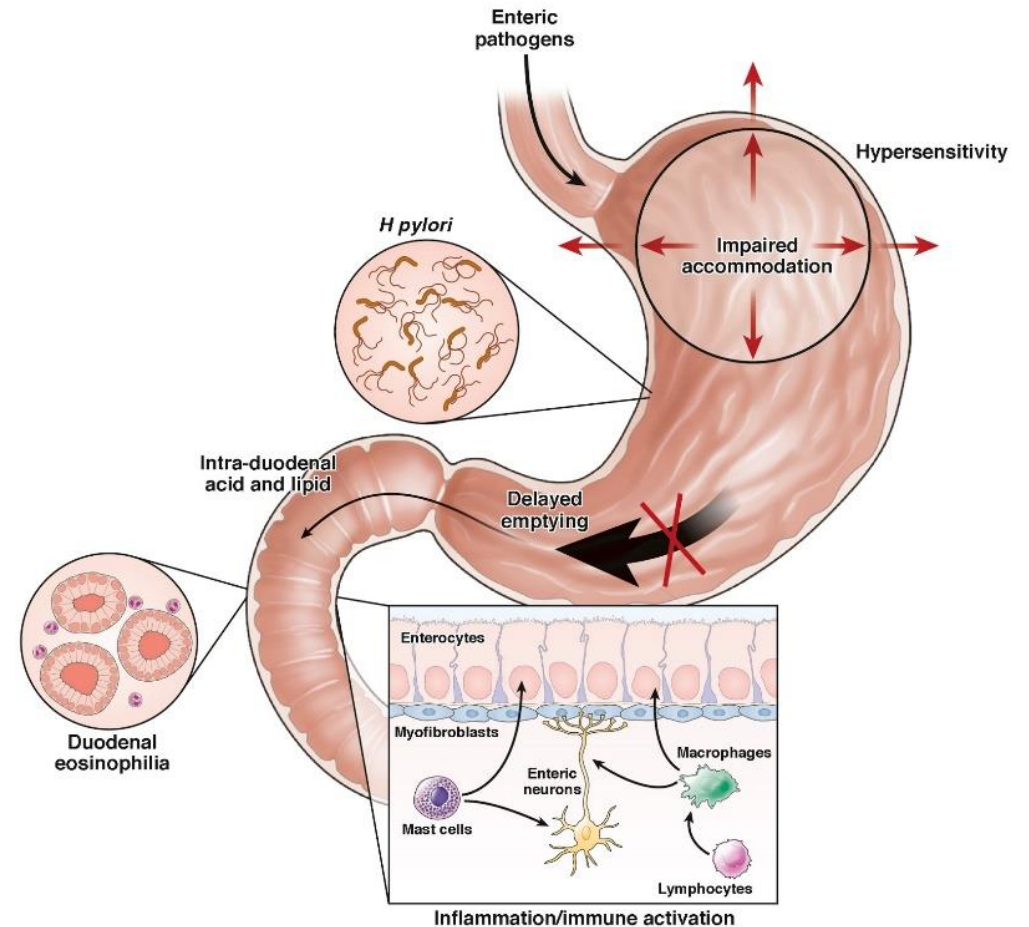


Quito, octubre 27-28, 2023



Enfoque de la Dispepsia no Investigada y Manejo de la Dispepsia Funcional



William Otero MD, FAGA, FASGE, FACP
Profesor Titular de Medicina
Unidad de Gastroenterología
Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia



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

Lucas Wauters¹ | Ram Dickman² | Vasile Drug³ | Agata Mulak⁴ |
Jordi Serra⁵ | Paul Enck⁶ | Jan Tack¹ | ESNM FD Consensus Group:
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Maura Corsetti¹¹ | Heiko De Schepper¹² | Dan Dumitrascu¹³ | Adam Farmer¹⁴
Guillaume Gourcerol¹⁵ | Goran Hauser¹⁶ | Trygve Hausken¹⁷ |
George Karamanolis¹⁸ | Daniel Keszthelyi¹⁹ | Carolin Malagelada⁷ |
Tomislav Milosavljevic²⁰ | Jean Muris²¹ | Colm O'Morain²² |
Athanasios Papathanasopoulos²³ | Daniel Pohl²⁴ | Diana Rumyantseva²⁵ |
Giovanni Sarnelli²⁶ | Edoardo Savarino²⁷ | Jolien Schol¹ | Arkady Sheptulin²⁵ |
Annemieke Smet²⁸ | Andreas Stengel^{29,30,31,32} | Olga Storonova²⁵ |
Martin Storr³⁰ | Hans Törnblom³³ | Tim Vanuytsel¹ | Monica Velosa³⁴ |
Marek Waluga³⁵ | Natalia Zarate³⁶ | Frank Zerbib³⁷

Un Eur Gastroenterol J. 2021;9:307-31

ACG and CAG Clinical Guideline: Management of Dyspepsia

Am J Gastroenterol 2017; 112:988–1013

Paul M. Moayyedi, MB, ChB, PhD, MPH, FACC¹, Brian E. Lacy, MD, PhD, FACC², Christopher N. Andrews, MD³, Robert A. Enns, MD⁴, Colin W. Howden, MD, FACC⁵ and Nimish Vakil, MD, FACC⁶



British Society of Gastroenterology guidelines on the management of functional dyspepsia

Christopher J Black^{1,2} | Peter A Paine^{3,4} | Anurag Agrawal⁵ | Imran Aziz^{6,7} |
Maria P Eugenicos⁸ | Lesley A Houghton² | Pali Hungin⁹ | Ross Overshott¹⁰ |
Dipesh H Vasant^{3,11} | Sheryl Rudd^{12,13} | Richard C Winning^{12,13} | Maura Corsetti^{12,13} |
Alexander C Ford^{1,2} | **Black CJ, et al. Gut 2022;71:1697–1723**

Dispepsia Funcional



J Neurogastroenterol Motil, Vol. 26 No. 1 January, 2020
pISSN: 2093-0879 eISSN: 2093-0887
https://doi.org/10.5056/jnm19209



Review

Clinical Practice Guidelines for Functional Dyspepsia in Korea

Jung Hwan Oh,¹ Joong Goo Kwon,^{2*} Hye-Kyung Jung,^{3*} Chung Hyun Tae,³ Kyung Ho Song,⁴ Seung Joo Kang,⁵ Sung Kim,⁶ Kyoungwon Jung,⁶ Joon Sung Kim,⁷ Jong Kyu Park,⁷ Ki Bae Bang,⁸ Myong Ki Baeg,⁹ Jeong Eun Shin,⁸ Cheol Min Sh Ju Yup Lee,¹¹ and Hyun Chul Lim¹²; Functional Dyspepsia Research Group and Clinical Practice Guidelines Group Under Korean Society of Neurogastroenterology and Motility

ROME IV

The Functional Gastrointestinal Disorders

FOURTH EDITION

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Jan Tack, MD, PhD
William E. Whitehead, PhD
and the Rome IV Committees

REVIEW ARTICLE

Asia-Pacific guidelines for managing functional dyspepsia overlapping with other gastrointestinal symptoms

Kok-Ann Gwee,^{*} Yeong Yeh Lee,^{†,‡} Hidekazu Suzuki,[§] Uday Chand Ghoshal,[¶] Gerald Holtmann,^{**} Tao Bai,^{††} Giovanni Barbara,^{‡‡} Min-hu Chen,^{§§} Andrew Seng Boon Chua,^{¶¶} Peter R Gibson,^{***} Xiaohua Hou,^{††} Jinsong Liu,^{††} Atsushi Nakajima,^{†††} Nitesh Pratap,^{†††} Sanjeev Sachdeva,^{§§§} Kewin Tien Ho Siah,^{¶¶¶} Alex Yu Sen Soh,^{¶¶¶} Kentaro Sugano,^{****} Jan Tack,^{††††} Victoria Ping Yi Tan,^{††††} Xudong Tang,^{§§§§} Marjorie Walker,^{¶¶¶¶} Deng-Chyang Wu,^{*****} Ying-Lian Xiao,^{§§} Khairil Khuzaini Zulkifli,^{†,†††††} and Clarissa Toh^{†††††}

J Gastroenterol Hepatol 2023; 38:197–209

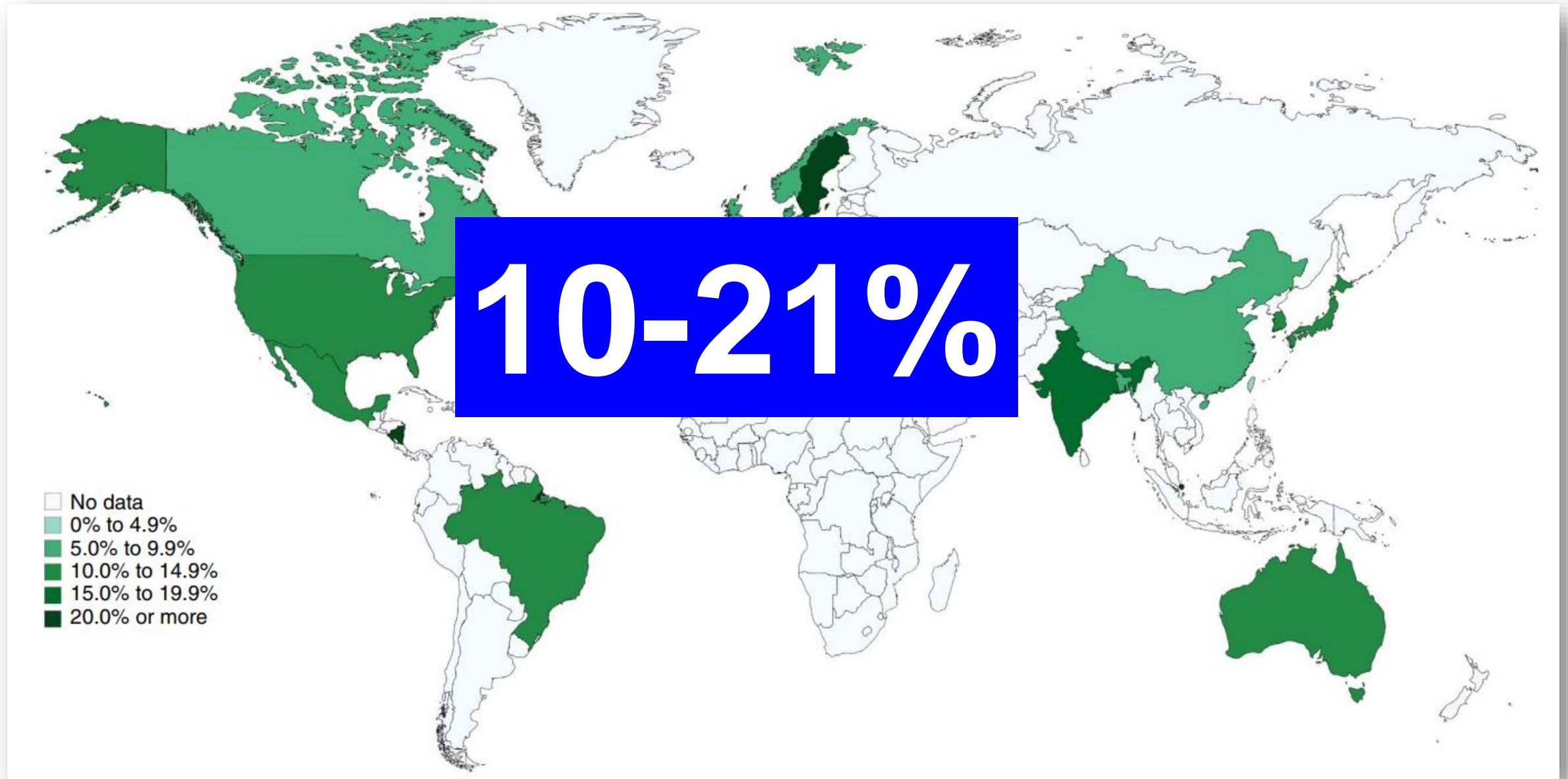
REVIEW ARTICLE

Evidence-based clinical practice guidelines for functional dyspepsia 2021




Hiroto Miwa^{1,2} · Akihito Nagahara¹ · Akihiro Asakawa¹ · Makoto Arai¹ · Tadayuki Oshima¹ · Kunio Kasugai¹ · Kazuhiro Kamada¹ · Hidekazu Suzuki¹ · Fumio Tanaka¹ · Kazunari Tominaga¹ · Seiji Futagami¹ · Mariko Hojo¹ · Hiroshi Mihara¹ · Kazuhide Higuchi¹ · Motoyasu Kusano¹ · Tomiyasu Arisawa¹ · Mototsugu Kato¹ · Takashi Joh¹ · Satoshi Mochida¹ · Nobuyuki Enomoto¹ · Tooru Shimosegawa¹ · Kazuhiko Koike¹

J Gastroenterol 2022;57:47–61

Dispepsia



Systematic review and meta-analysis: global prevalence of uninvestigated dyspepsia according to the Rome criteria

Brigida Barberio¹  | Sanjiv Mahadeva²  | Christopher J. Black^{3,4} |
Edoardo V. Savarino¹ | Alexander C. Ford^{3,4} 



Roma I
17%



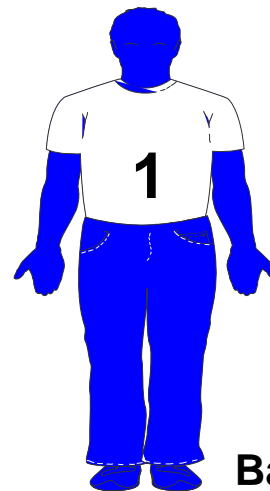
Roma II
13%



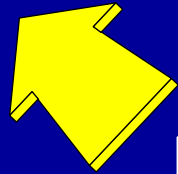
Roma III
11.5%



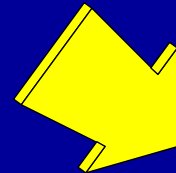
Roma IV
6.9%



No es un diagnóstico



Dispepsia



**Conjunto de síntomas
Región gastroduodenal**

CLINICAL GUIDELINES

ACG and CAG Clinical Guideline: Management of Dyspepsia

Paul M. Moayyedi, MB, ChB, PhD, MPH, FACP¹, Brian E. Lacy, MD, PhD, FACP², Christopher N. Andrews, MD³, Robert A. Enns, MD⁴, Colin W. Howden, MD, FACP⁵ and Nimish Vakil, MD, FACP⁶

Definición clínica

Dolor epigástrico 1 mes de evolución
Asociado o no a: llenura, náuseas, vómito, pirosis.
Puede ser inducido o agravado por alimentos
Puede ocurrir en ayunas

Am J Gastroenterol 2017; 112:988–1013.

Dispepsia factores de riesgo

**Sexo
Femenino**

Dispepsia

Fumar

AINES

40% consulta a cuidado primario
15% referidos a cuidado secundario
20-30% Gastroenterología
USA \$>18 billones/año, >> costo social
< Productividad laboral
Disminuye calidad de vida

Moayyedi P, Am J Gastroenterol 2017; 112:988-1013
Barberio B, Aliment Pharmacol Ther. 2020;52:762-73
Eusebi LH, BMJ. 2019;367:l6483

Dispepsia no Investigada

Excelente historia clínica

Examen físico: NORMAL

Ocasionalmente dolor epigástrico

Laboratorios de rutina

Dependen de cada paciente: edad, S. Alarma ?

Solicitud selectiva

Cuadro hemático, Química hepática

Ecografía hepatobiliar

**En la mayoría de los casos no
hay causa evidente**

Signos y síntomas de alarma

Sangrado GI

Anemia inexplicada

Saciedad temprana

Pérdida de peso inexplicada (>5%)

Disfagia progresiva, odinofagia

Vómito persistente

HF Ca gastrointestinal

Linfadenopatía

Masa abdominal, UP previa



**Endoscopia
Urgente**

Talley N, Vakil N. Am J Gastroenterol 2005;100:2324-37
AGA. Gastroenterology 2005;129:1756-80
Eusebi LH, et al. BMJ. 2019;367:l6483

CME

ACG and CAG Clinical Guideline: Management of Dyspepsia

Paul M. Moayyedi, MB, ChB, PhD, MPH, FACP¹, Brian E. Lacy, MD, PhD, FACP², Christopher N. Andrews, MD³, Robert A. Enns, MD⁴, Colin W. Howden, MD, FACP⁵ and Nimish Vakil, MD, FACP⁶

STATEMENT 2. WE DO NOT SUGGEST ENDOSCOPY TO INVESTIGATE ALARM FEATURES FOR DYSPEPSIA PATIENTS UNDER THE AGE OF 60 TO EXCLUDE UPPER GI NEOPLASIA

Conditional recommendation, moderate quality evidence

Manejo Dispepsia no investigada



No está universalmente definido

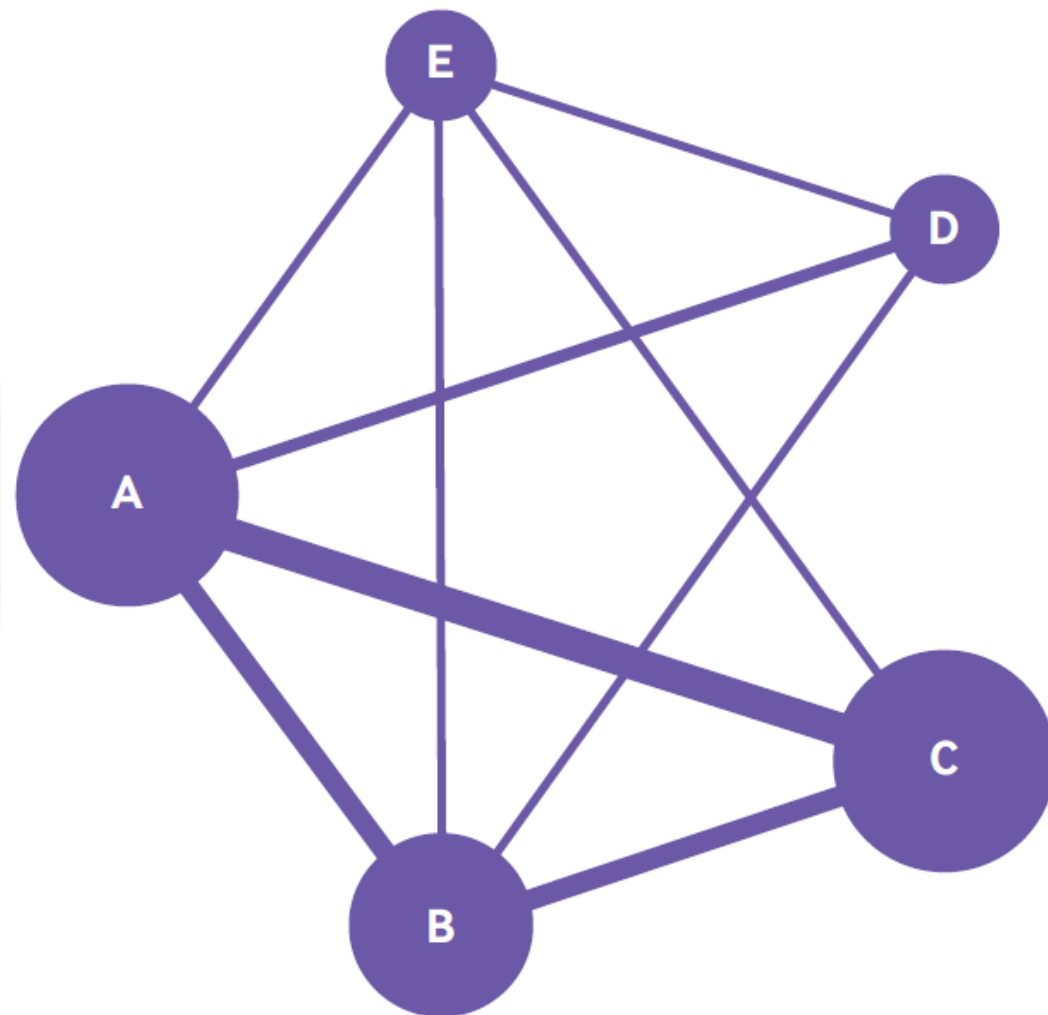
Chen SL, Aliment Pharmacol Ther 2015;41:239-52



Effectiveness of management strategies for uninvestigated dyspepsia: systematic review and network meta-analysis

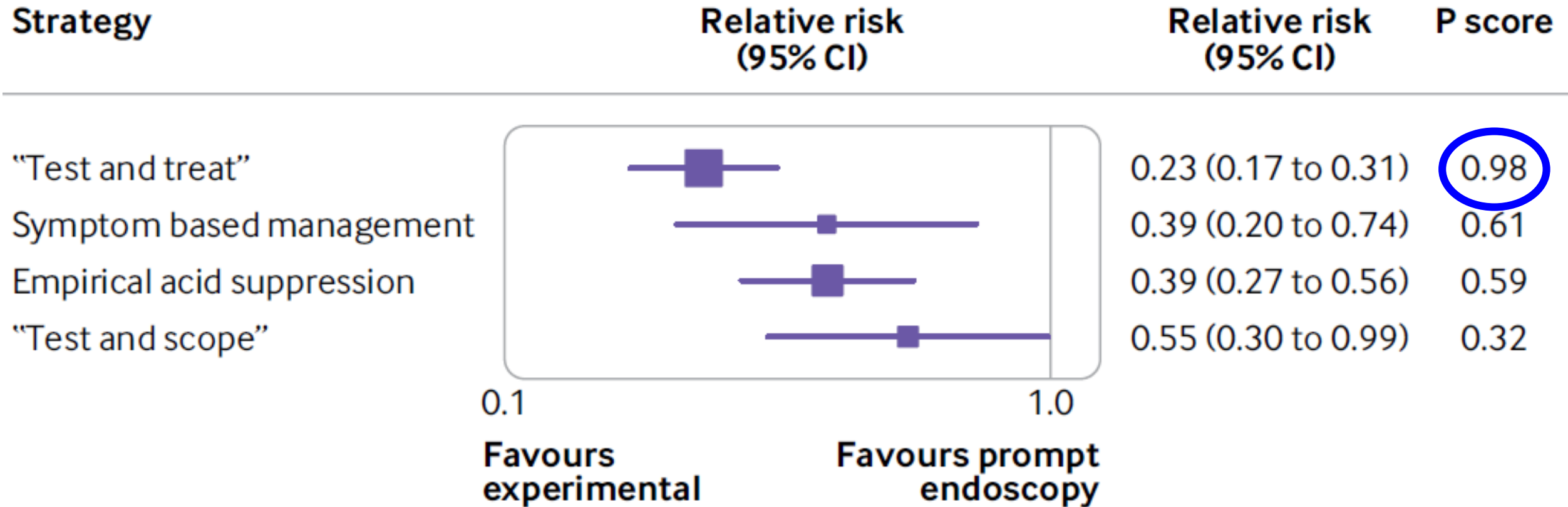
Leonardo H Eusebi,¹ Christopher J Black,^{2,3} Colin W Howden,⁴ Alexander C Ford^{2,3}

Eusebi LH, BMJ 2019;367:l6483



| Intervention | Abbreviation | Number of trial arms | Number of participants |
|----------------------------|--------------|----------------------|------------------------|
| Prompt endoscopy | A | 11 | 1942 |
| Empirical acid suppression | B | 7 | 1329 |
| "Test and treat" | C | 10 | 1938 |
| Symptom based management | D | 3 | 469 |
| "Test and scope" | E | 2 | 484 |

Probabilidad de hacer endoscopia final seguimiento (ITT)



**A pesar de pocos cánceres
Los pacientes prefieren endoscopia**

Dispepsia no Investigada



Endoscopia cuándo?



***Epidemiología local
del Cáncer gástrico***



**Costo
Endoscopia**

Dispepsia no investigada

Endoscopia inicial Vs Investigar H.pylori y tratar



Fendrick AM, Ann Intern Med 1995;123:260-8

Talley NJ, Aliment Pharmacol Ther 2002;16 (Suppl.4):95-104

Dispepsia endoscopia digestiva alta

**Canadá
USA**

60 años

Moayyedi P, AJG 2017; 112:988–1013

Méjico

55 años

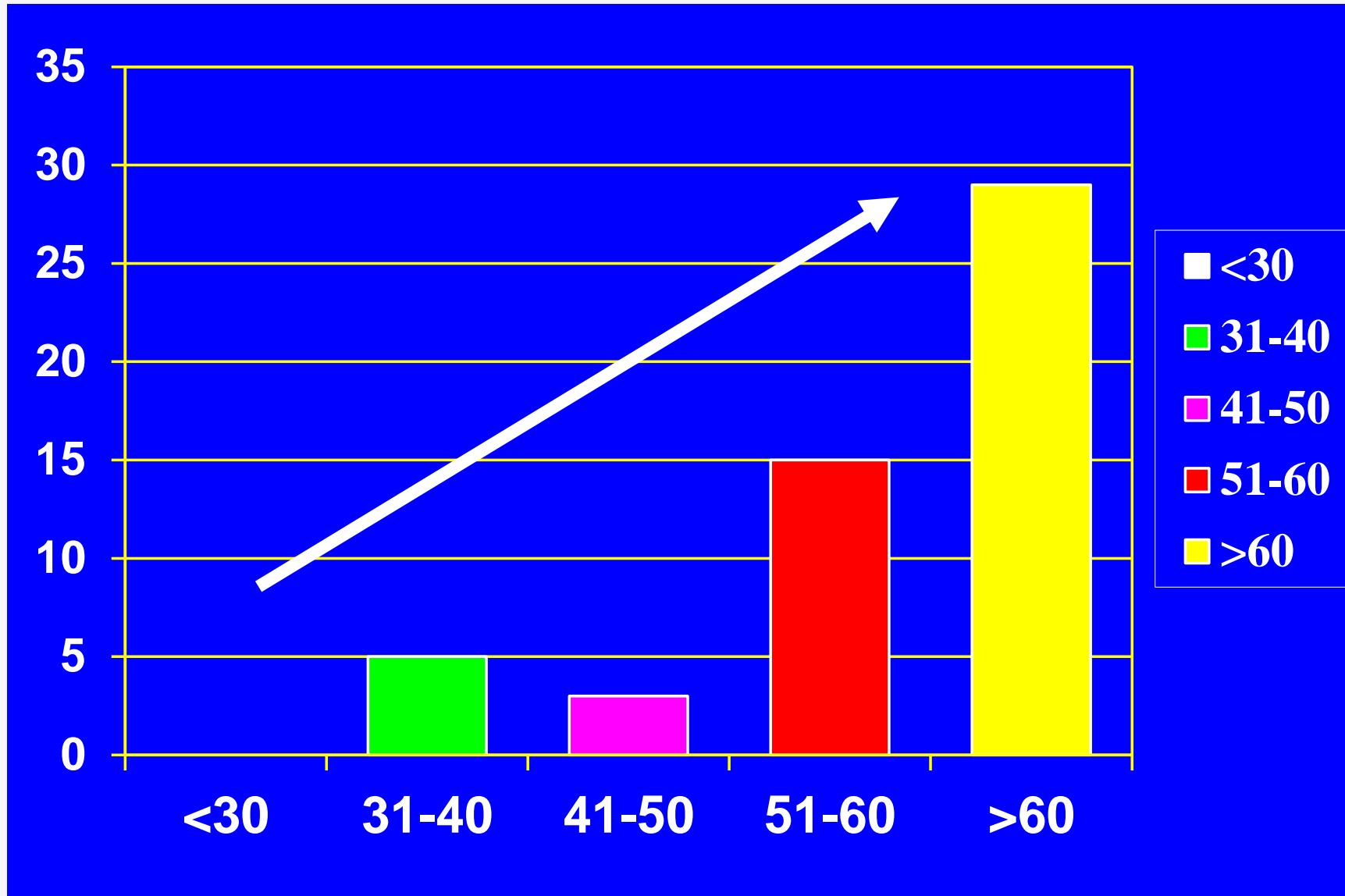
Bosques FJ, Rev Gastroenterol Mex 2018;83:325-41

**Colombia
Asia**

35 años

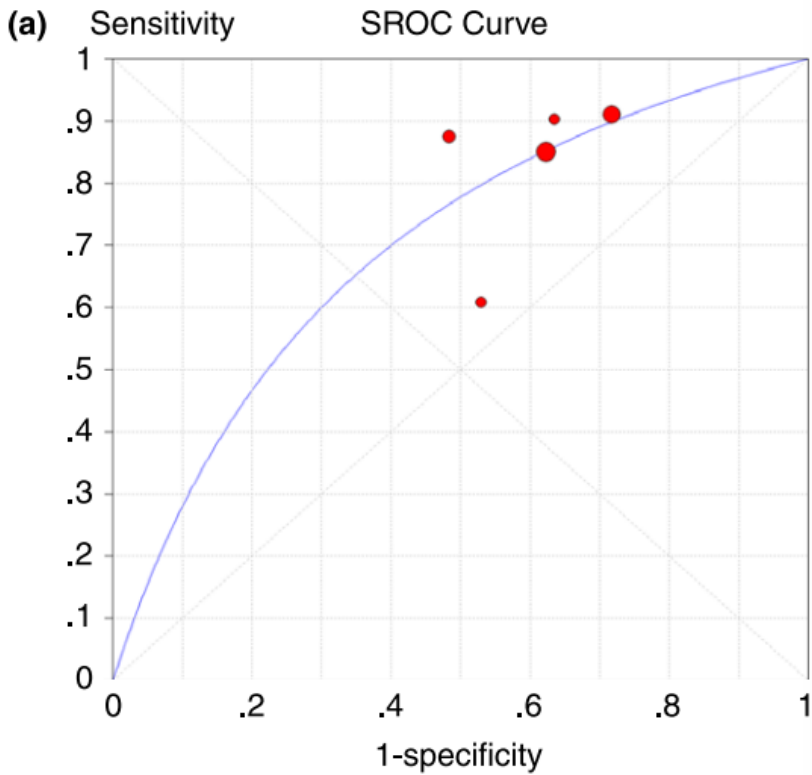
Pineda LF, Rev Col Gastroenterol 2015; 30(Suppl. 1):9-16
Chen SL, Aliment Pharmacol Ther 2015;41:239-52

Cáncer gástrico, N=50/542

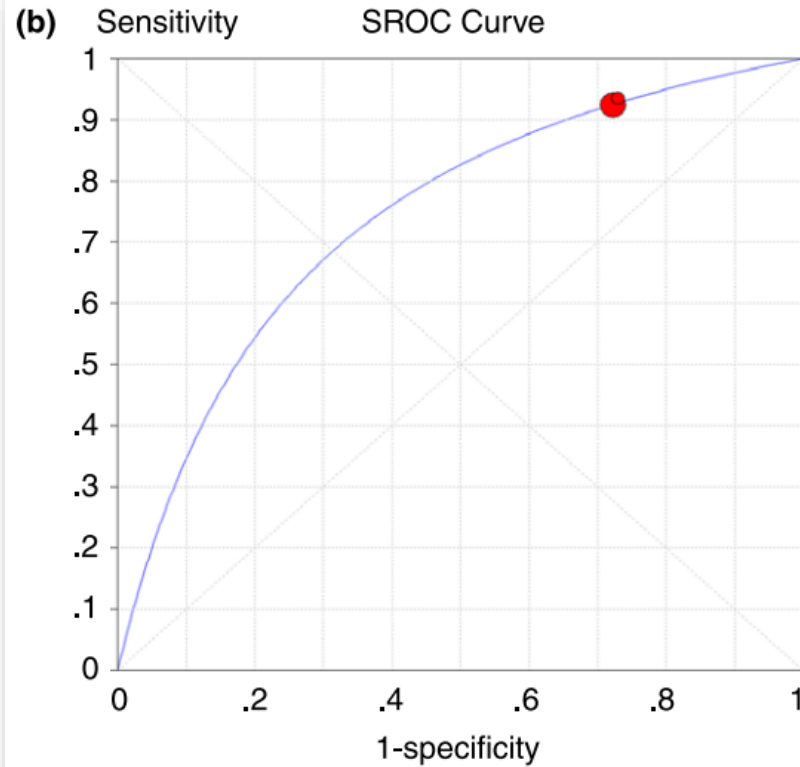


Systematic review with meta-analysis: prompt endoscopy as the initial management strategy for uninvestigated dyspepsia in Asia

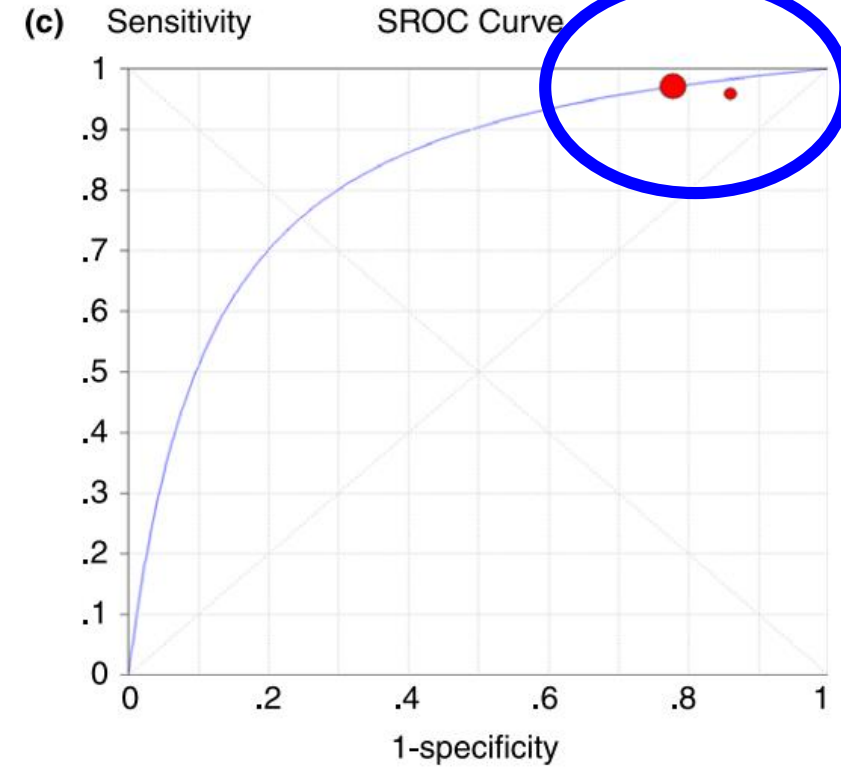
S. L. Chen*, K. A. Gwee[†], J. S. Lee[‡], H. Miwa[§], H. Suzuki^{||}, P. Guo^{**}, Y. T. Hao^{**} & M. H. Chen*



>45 años

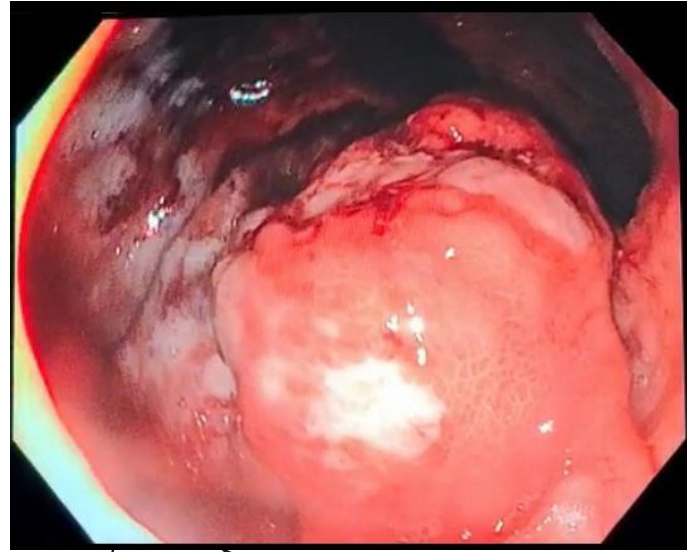


>40 años



>35 años

Dispepsia



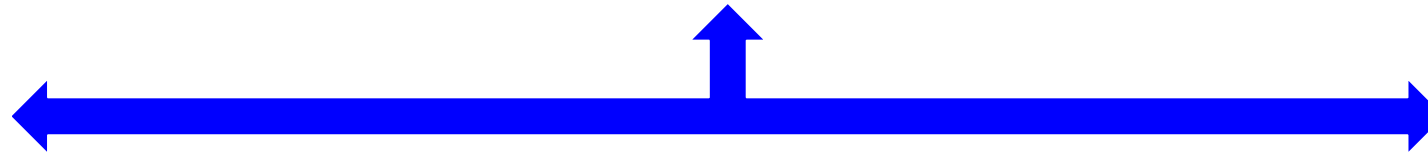
Sintomas no diferencian Orgànica vs Funcional

Stanghellini V, Gastroenterology 2016;150:1380-92
Talley NJ, Gastroenterol Hepatol 2007;5:1175-83

Dispepsia no Investigada



**Enfermedad
seria**



**Costo/
Efectiva**

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

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Un Eur Gastroenterol J. 2021;9:307-31

Dispepsia Funcional



J Neurogastroenterol Motil, Vol. 26 No. 1 January, 2020
pISSN: 2093-0879 eISSN: 2093-0887
<https://doi.org/10.5056/jnm19209>



Review

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with Editors
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William D. Chey, MD
John Kellow, MD
Jan Tack, MD, PhD
William E. Whitehead, PhD
and the Rome IV Committees

Endoscopia y otros exámenes define que es funcional

CME

ACG and CAG
Dyspepsia

Paul M. Moayyedi, MB, ChB, PhD
Colin W. Howden, MD, FACP⁵ and Nimish Vakil, MD, FACP⁶

Functional dyspepsia symptoms

al,¹ Gerald Holtmann,^{**} Peter R Gibson,^{***} Anjeev Sachdeva,^{\$\$\$} ck,⁺⁺⁺⁺ Victoria Ping Yi Tan,⁺⁺⁺⁺ 30,^{\$\$\$}

J Gastroenterol Hepatol 2023; 38:197–209



OPEN ACCESS

British Society of Gastroenterology guidelines on the management of functional dyspepsia

Christopher J Black^{ID},^{1,2} Peter A Paine,^{3,4} Anurag Agrawal,⁵ Imran Aziz^{ID},^{6,7} Maria P Eugenicos,⁸ Lesley A Houghton^{ID},² Pali Hungin,⁹ Ross Overshott,¹⁰ Dipesh H Vasant,^{3,11} Sheryl Rudd,^{12,13} Richard C Winning,^{12,13} Maura Corsetti,^{12,13} Alexander C Ford^{ID},^{1,2} **Black CJ, et al. Gut 2022;71:1697–1723**

REVIEW ARTICLE

Evidence-based clinical practice guidelines for functional dyspepsia 2021

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J Gastroenterol 2022;57:47–61

Dispepsia No investigada

Secundaria a patologías definidas

| | |
|--------------------------------|------|
| Esofagitis erosiva | 13% |
| Úlcera péptica | 8% |
| Cáncer gástrico, | <1% |
| Cáncer esofágico | 0.3% |
| <i>Helicobacter pylori</i> | 5% |
| Enfermedad de Crohn | |
| <i>Giardia, Estrongiloides</i> | |
| AINES, Macrólidos | |
| Enfermedad celiaca | |
| Gastroparesia | |
| Hepatocarcinoma | |
| Cáncer páncreas | |
| Pancreatitis crónica | |
| GE Eosinofílica | |
| Isquemia Mesentérica Crónica | |

Funcional
70-80%

Endoscopia
Otros exámenes
(Pertinentes)

Ford AC, Lancet. 2020;396:1689-1702

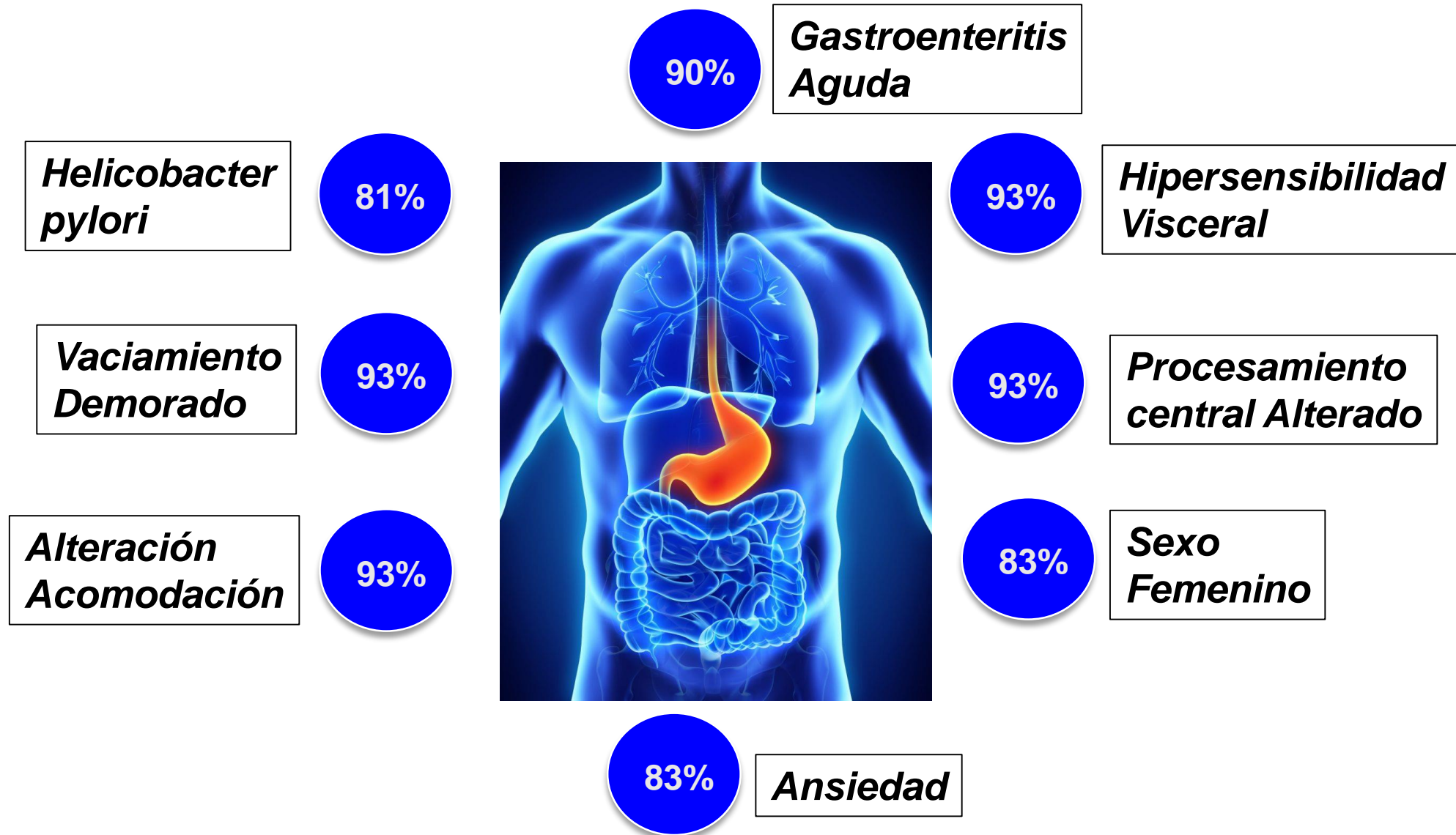
Black CJ, Ther Adv Gastroenterol 2019;11:1-7

Moayyedi P, Am J Gastroenterol 2017; 112:988-1013

Dispepsia funcional Roma IV



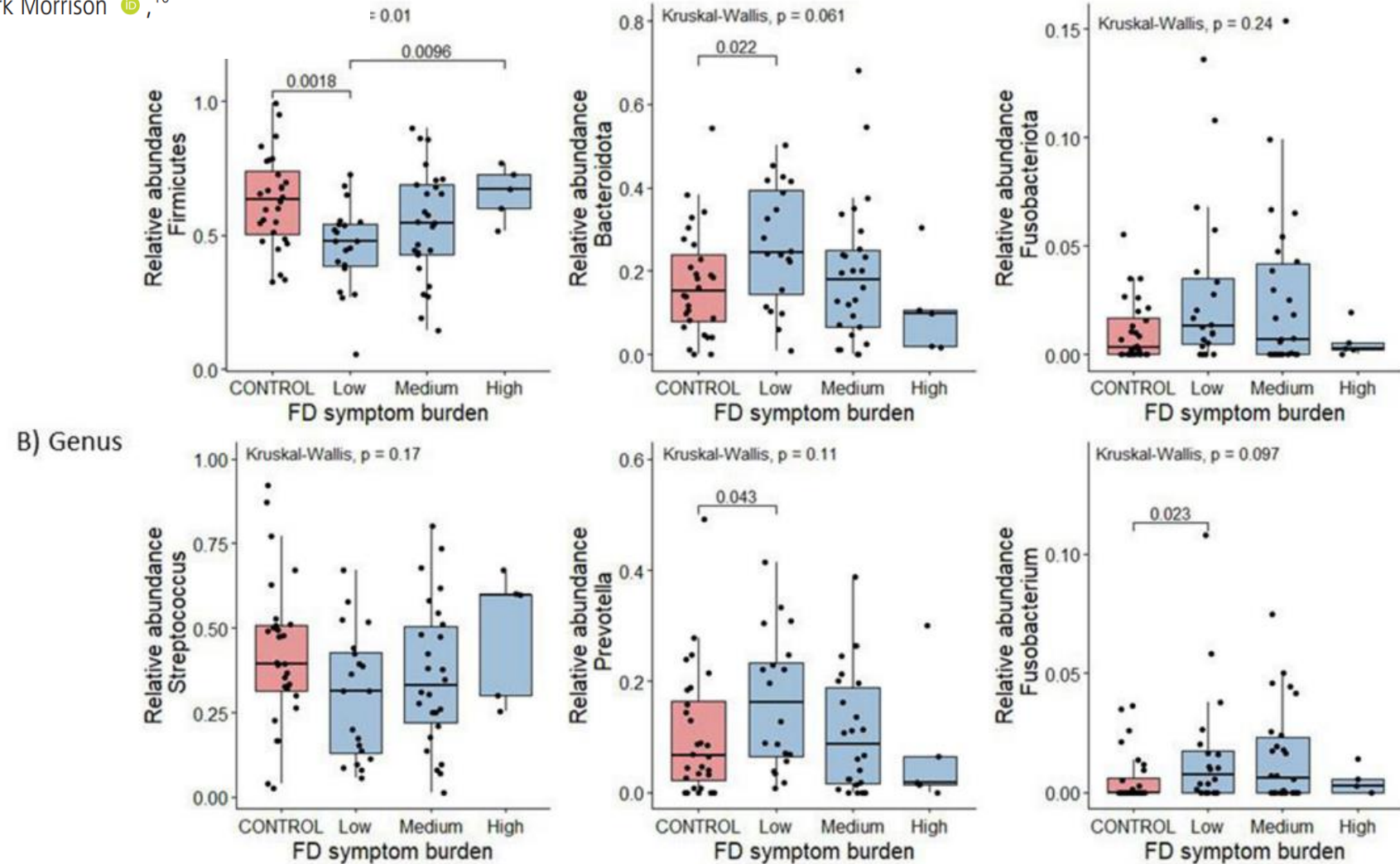
DF. Fisiopatología



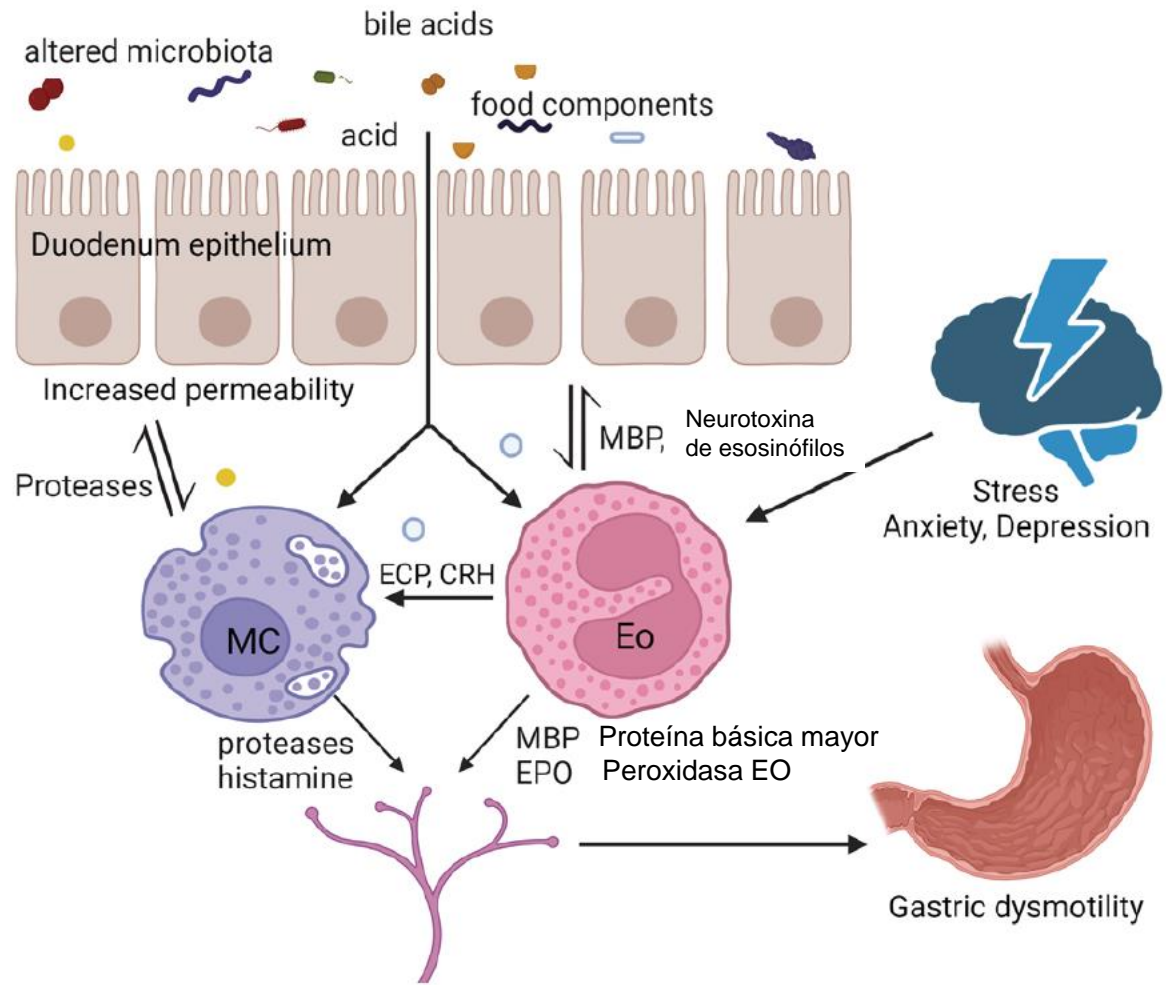
Alterations to the duodenal microbiota are linked to gastric emptying and symptoms in functional dyspepsia

Shanahan ER, et al. *Gut* 2023;72:929–938

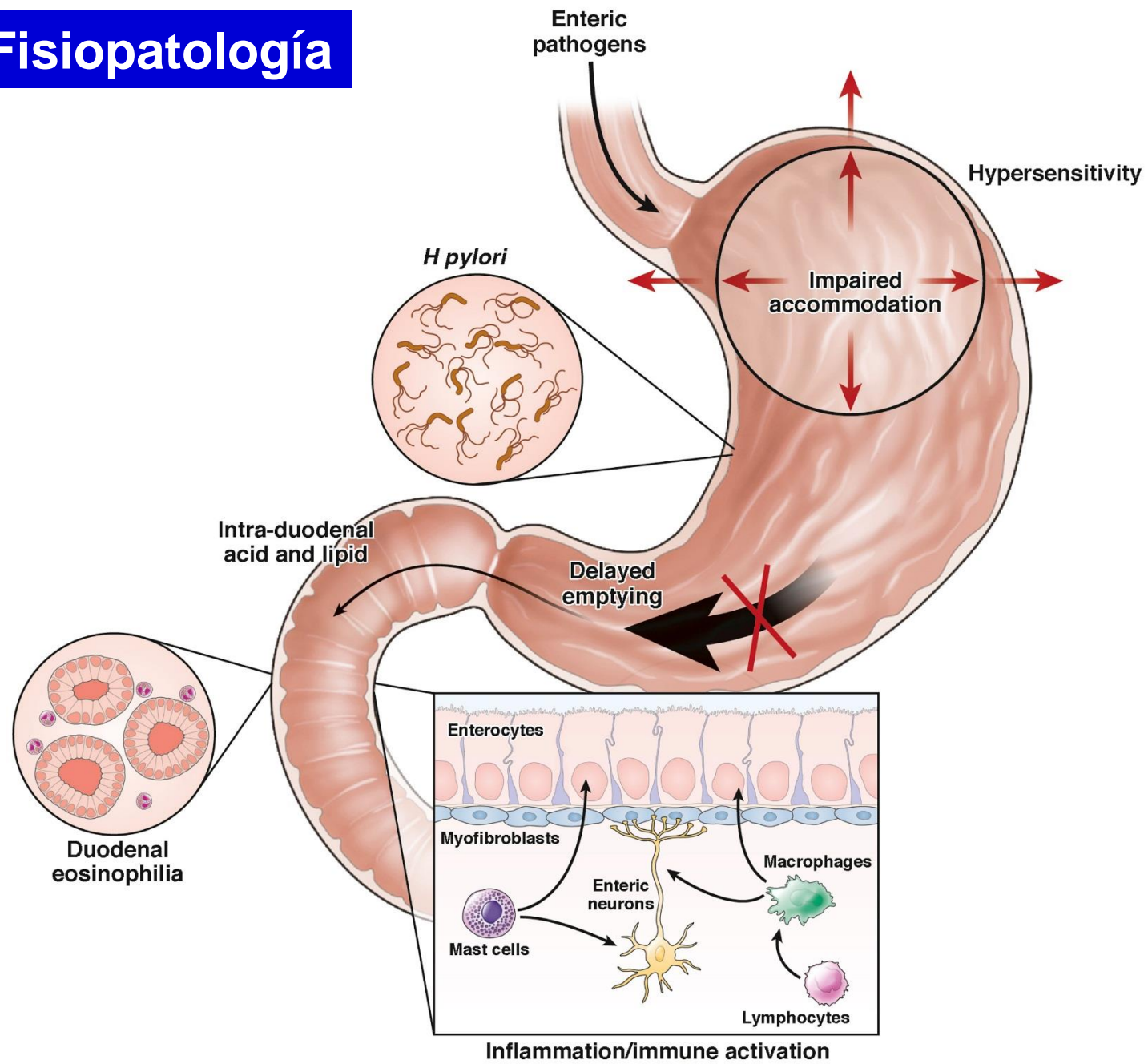
Erin R Shanahan,^{1,2} Seungha Kang,³ Heidi Staudacher ,^{1,2} Ayesha Shah,^{2,4} Anh Do,² Grace Burns,^{5,6} Veronique S Chachay,⁷ Natasha A Koloski ,^{2,4} Simon Keely ,^{5,6} Marjorie M Walker,^{8,9} Nicholas J Talley ,^{8,9} Mark Morrison ,¹⁰ Gerald J Holtmann ,^{2,4}



Fisiopatología DF



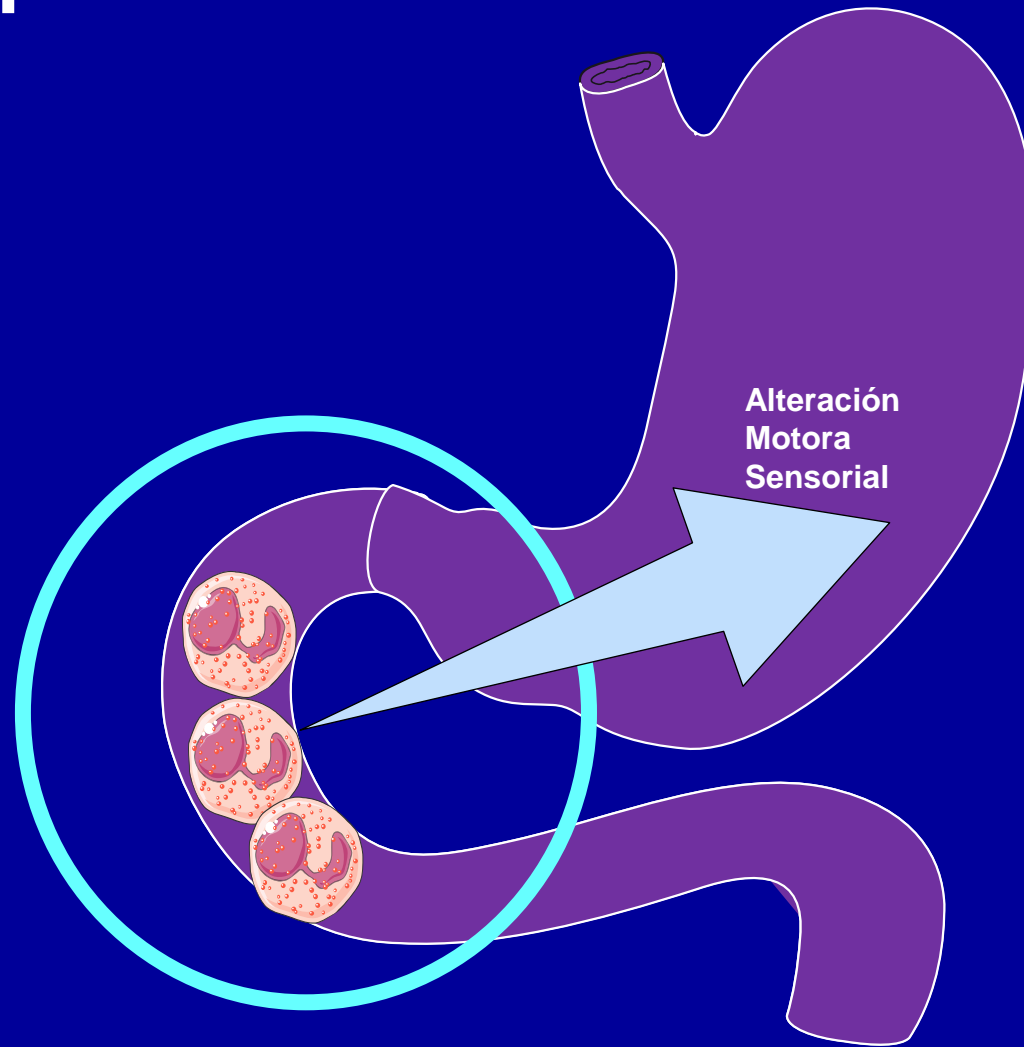
DF, Fisiopatología



Talley NJ, 2010

Koduru P, Clin Gastroenterol Hepatol 2018 ;16: 467-479

Dispepsia Funcional



Duodenal Eosinophils and Mast Cells in Functional Dyspepsia: A Systematic Review and Meta-Analysis of Case-Control Studies

Ayesha Shah,^{*,‡,§} Thomas Fairlie,^{*,‡,§} Georgia Brown,^{||} Michael P. Jones,^{||} Guy D. Eslick,^{||} Kerith Duncanson,^{||} Nikhil Thapar,^{*,#} Simon Keely,^{||} Natasha Koloski,^{*,‡,||} Mohit Shahi,^{*,§} Marjorie M. Walker,^{||} Nicholas J. Talley,^{||} and Gerald Holtmann^{*,‡}

Twenty-two case-control studies with 1108 FD patients and 893 controls were identified. Duodenal eosinophils (SMD, 1.29; 95% CI, 0.85–1.73; $P = .0001$) and mast cells (SMD, 2.11; 95% CI, 1.14–3.07; $P = .0001$) were increased in FD patients compared with controls. Substantial heterogeneity was found ($I^2 = 93.61$, $P = .0001$; and $I^2 = 96.69$, $P = .0001$, respectively) and visual inspection of funnel plots confirmed publication bias. Degranulation of duodenal eosinophils was significantly higher in FD patients compared with controls (odds ratio, 3.78; 95% CI, 6.76–4.48; $P = .0001$), without statistically significant heterogeneity. We conducted a sensitivity analysis for duodenal eosinophils, by including only high-quality studies, and the results remained unchanged (SMD, 1.73; 95% CI, 1.06–2.40; $P = .0001$), with substantial heterogeneity. Postinfectious FD patients had increased duodenal eosinophils compared with controls (SMD, 3.91; 95% CI, 1.32–6.51; $P = .001$) and FD patients without any history of infection (SMD, 1.42; 95% CI, 0.88–1.96; $P = .001$). *Helicobacter pylori*-negative FD patients had significantly higher duodenal eosinophils compared with controls (SMD, 3.98; 95% CI, 2.13–5.84; $P = .0001$), with substantial heterogeneity. No significant difference in duodenal eosinophils was seen according to FD subtypes.

This meta-analysis suggests a link between duodenal microinflammation and FD. However, the quality of evidence is very low, largely owing to the unexplained heterogeneity and serious risk of publication bias in all comparative analyses. Thus, causality remains uncertain and further studies are required.

Small Intestinal Bacterial Overgrowth in Functional Dyspepsia: A Systematic Review and Meta-Analysis

Saravana Ruban Gurusamy, MBBS^{1,2}, Ayesha Shah, MBBS, PhD, FRACP^{1,2,*}, Nicholas J. Talley, MD, PhD, FRACP, FAHMS^{3,*}, Natasha Koloski, PhD^{1,2,3,*}, Michael P. Jones, BSc (Hons), PhD, ASTAT, CSTAT^{4,*}, Marjorie M. Walker, BMedSci, BMBS, FRCPath, FRCPA, AGAF^{3,*}, Mark Morrison, PhD^{1,5,*} and Gerald Holtmann, MD, PhD, MBA, FRACP, FAHMS^{1,2,*}

**7 Estudios, CC 4, Prevalencia 3
263 pacientes 84 controles**

**SIBO OR 4.3 (IC 95% 1.1-17.5)
Estudios alta calidad OR 2.8**

Dispepsia funcional, síntomas cardinales

Llenura precoz

Ardor



Dolor

Llenura posprandial

Dispepsia funcional

**Llenura
Precoz**

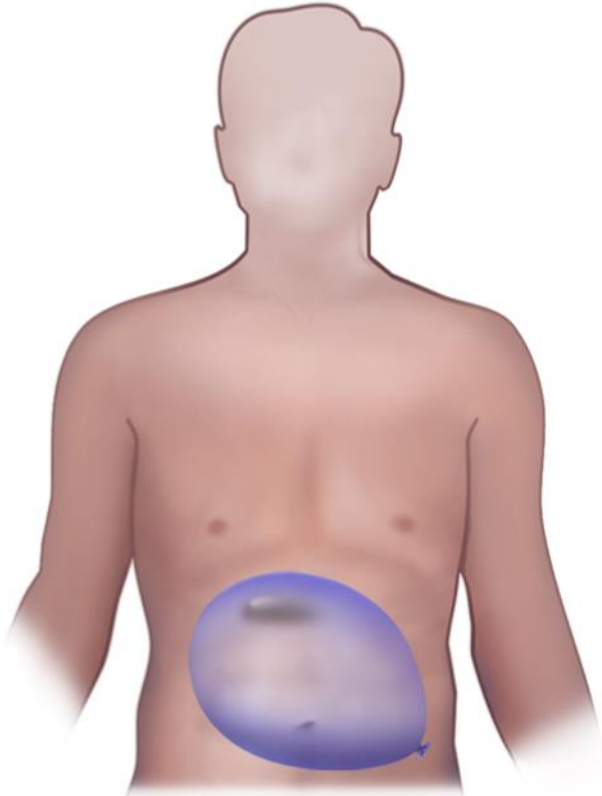


**Llenura
Posprandial**

**Perdida
de peso**

Dispepsia funcional síntomas de apoyo

“Bloating”



**Náuseas
Eructos**

**No Pirosis
Regurgitación
ERGE**

**Sensación subjetiva de inflación
Abdominal y/o gas o flatulencia**

Wauters L, United Eur Gastroenterol J. 2021;9:307-31

Dispepsia funcional

Tratamiento



Excelente relación Médico -Paciente

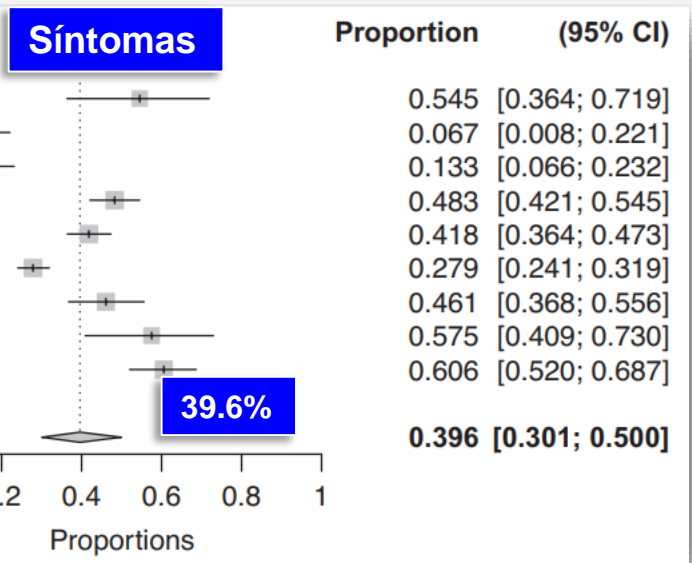
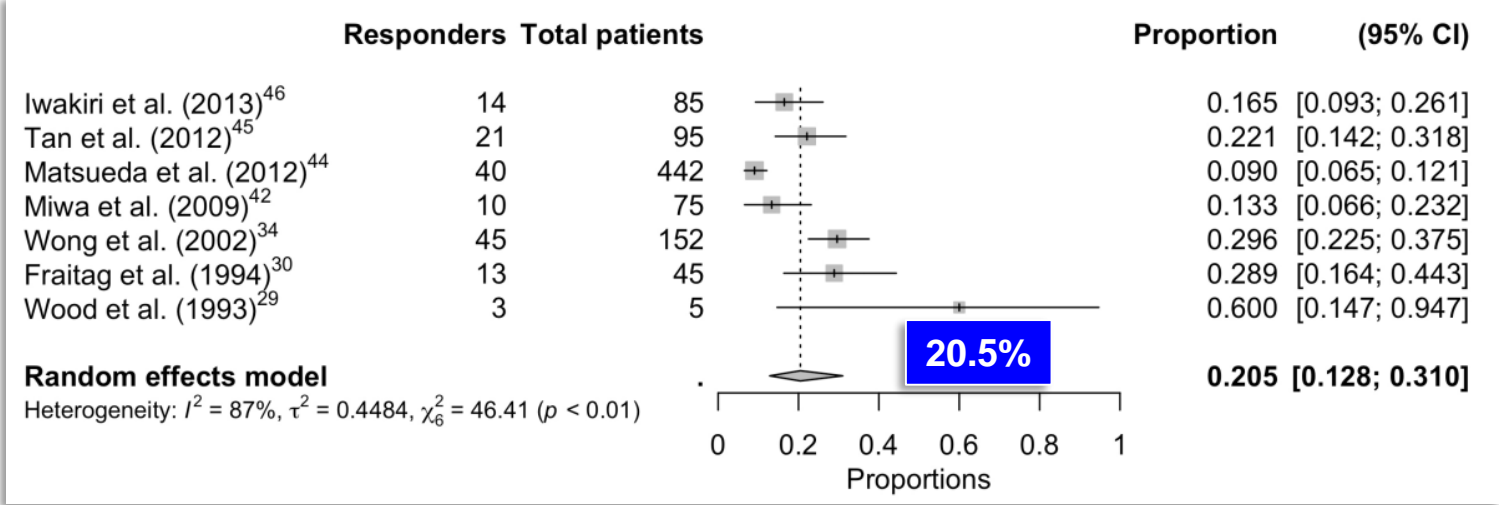
***Su dolor no se debe a Cáncer, Tumores o Masas.
No hay nada grave. Puede estar relacionado con el estrés
“Su estómago y duodeno son muy sensibles, etc.
Le vamos a formular este medicamento por UN MES***

Placebo response in pharmacological trials in patients with functional dyspepsia—A systematic review and meta-analysis

Bosman M, Neurogastroenterol Motil. 2023;35:e14474.

Michelle Bosman¹ | Fabienne Smeets¹ | Sigrid Elsenbruch^{2,3} | Jan Tack^{4,5} |
 Magnus Simrén^{6,7} | Nicholas Talley⁸ | Bjorn Winkens⁹ | Ad Masclee¹ |
 Daniel Keszthelyi¹

Libre de síntomas



Dispepsia funcional

Tratamiento

Llenura precoz
Llenura posprandial
Dolor/Ardor epigástrico

98%

Ecografía abdominal 27%
Vaciamiento gástrico 34%
Monitoreo pH 37%

Endoscopia 80%
Erradicación *H.pylori* 95%

Procinéticos 54%

Hipnoterapia 23%

IBP 83%

Pérdida peso
Mirtazipina 68%

Dieta 73%


Apoyo
Nutricional 90%

Llenura precoz
Agonista 5HT1 68%

Antidepresivos
Triciclicos 78%

Original research

Efficacy of *Helicobacter pylori* eradication therapy for functional dyspepsia: updated systematic review and meta-analysis

Alexander C Ford ,^{1,2} Evangelos Tsipotis,³ Yuhong Yuan,⁴ Grigorios I Leontiadis,⁴ Paul Moayyedi⁴

| Desenlace | ECC | Razón Riesgo | NNH/NNT (IC95%) | I² % |
|----------------------------------|------------------|-------------------------|------------------------|------------------------|
| Curación síntomas | 18 (4564) | 0.91 (0.88-0.94) | NNT 14 (11-21) | 7 |
| Persistencia síntomas | 22 (5193) | 0.84 (0.78-0.91) | NNT 9 (7-17) | 69 |
| Efectos adversos | 8 (1937) | 2.19 (1.1-4.37) | NNH 3 (1-40) | 92 |
| Retirada efectos adversos | 18 (3694) | 2.60 (1.47-4.58) | NNH 7 (32-242) | 0 |

Erradicación de *H.pylori*



Persistencia de síntomas














NNT 10-14

***90%* (IC95% 86-94%)**

Kyoto global consensus report on *Helicobacter pylori* gastritis

Kentaro Sugano,¹ Jan Tack,² Ernst J Kuipers,³ David Y Graham,⁴ Emad M El-Omar,⁵ Soichiro Miura,⁶ Ken Haruma,⁷ Masahiro Asaka,⁸ Naomi Uemura,⁹ Peter Malfertheiner,¹⁰ on behalf of faculty members of Kyoto Global Consensus Conference

Management of *Helicobacter pylori* infection: the Maastricht VI/Florence consensus report

Peter Malfertheiner ,^{1,2} Francis Megraud ,³ Theodore Rokkas ,^{4,5} Javier P Gisbert ,^{6,7} Jyh-Ming Liou ,⁸ Christian Schulz ,^{1,9} Antonio Gasbarrini,¹⁰ Richard H Hunt,^{11,12} Marcis Leja ,^{13,14} Colm O'Morain,¹⁵ Massimo Rugge ,^{16,17} Sebastian Suerbaum,^{9,18} Herbert Tilg ,¹⁹ Kentaro Sugano ,²⁰ Emad M El-Omar ,^{21,22} On behalf of the European Helicobacter and Microbiota Study group

Section 2 Dyspepsia associated with *H. pylori* infection CQ7. Does *H. pylori* gastritis cause dyspepsia?

Statement 7

H. pylori gastritis is the cause of dyspepsia in a subset of patients.

Grade of recommendation: strong

Evidence level: high

Consensus level: 100%

Statement 7: *H. pylori* gastritis has to be excluded before a reliable diagnosis of functional dyspepsia (FD) can be made.

Agreement 100%

Grade B1

In *H. pylori*-infected patients with dyspepsia, and where other pathologies have been excluded endoscopically, symptoms can be attributed to *H. pylori* gastritis if successful eradication therapy is followed by sustained symptom remission. Patients with persisting dyspeptic symptoms despite successful eradication therapy may be considered as having 'FD'.² Therefore, *H. pylori* gastritis has to be excluded before a reliable diagnosis of FD can be made.^{33 39–42}

CQ9. Is eradication of *H. pylori* infection first-line treatment for improving dyspeptic symptoms?

Statement 9

Eradication of *H. pylori* is first-line treatment for *H. pylori*-infected dyspeptic patients.

Grade of recommendation: strong

Evidence level: high

Consensus level: 94.7%

Malfertheiner P, et al. Gut 2022;0:1–39

Sugano K, et al. Gut 2015;64:1353–1367

**Dispepsia por
*Helicobacter pylori***

Mejoría por erradicación *H.pylori*





**Mejoría de alteraciones
Motoras y sensoriales
Por la inflamación
Que produce *H.pylori***

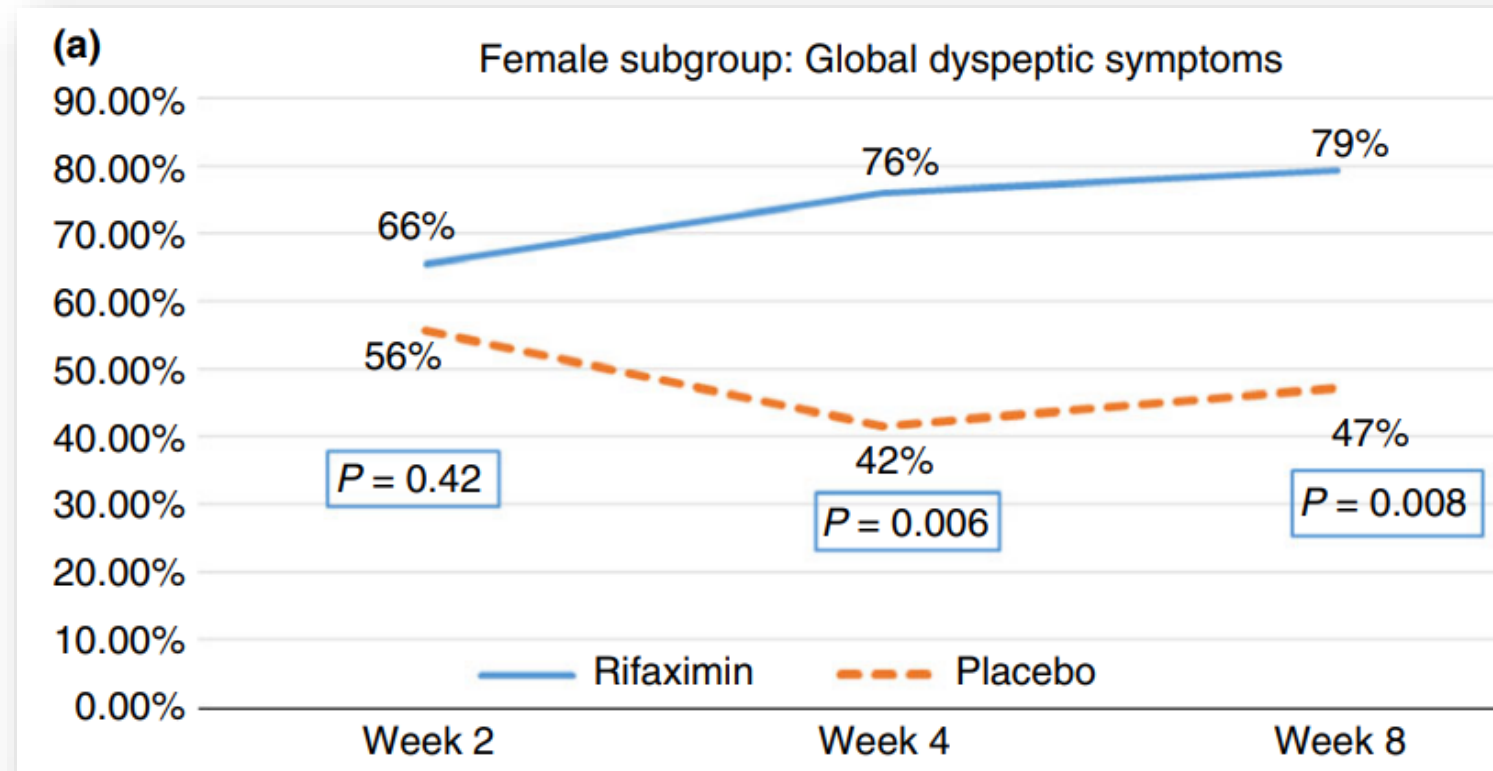
**Mejoría de la
Disbiosis
Que induce
*H.pylori***

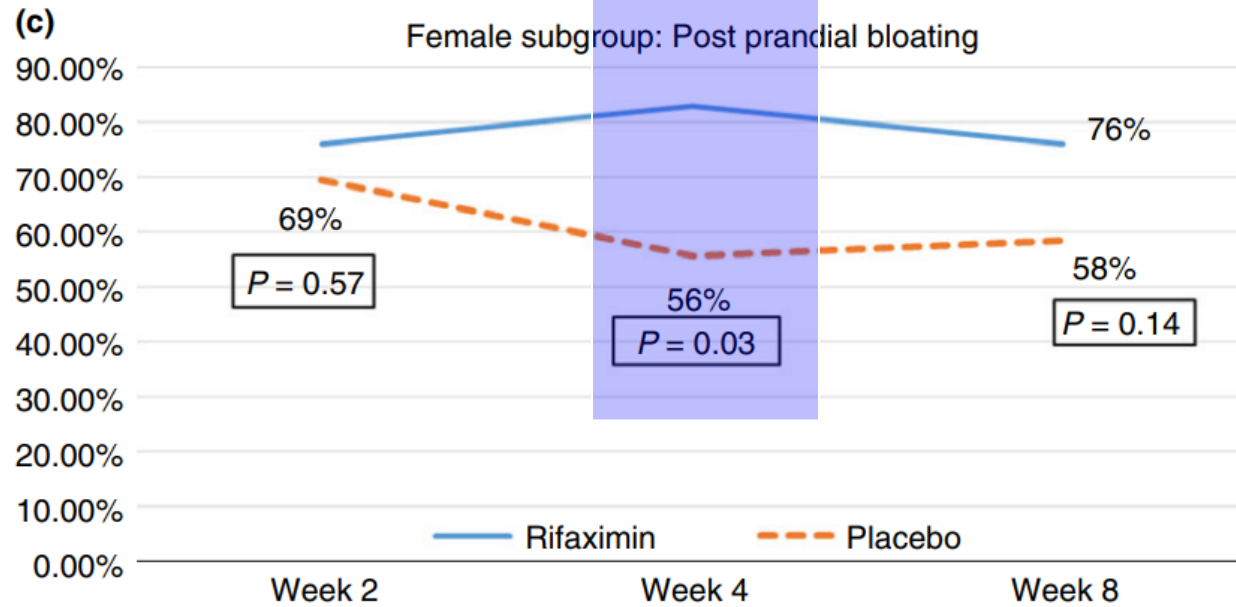
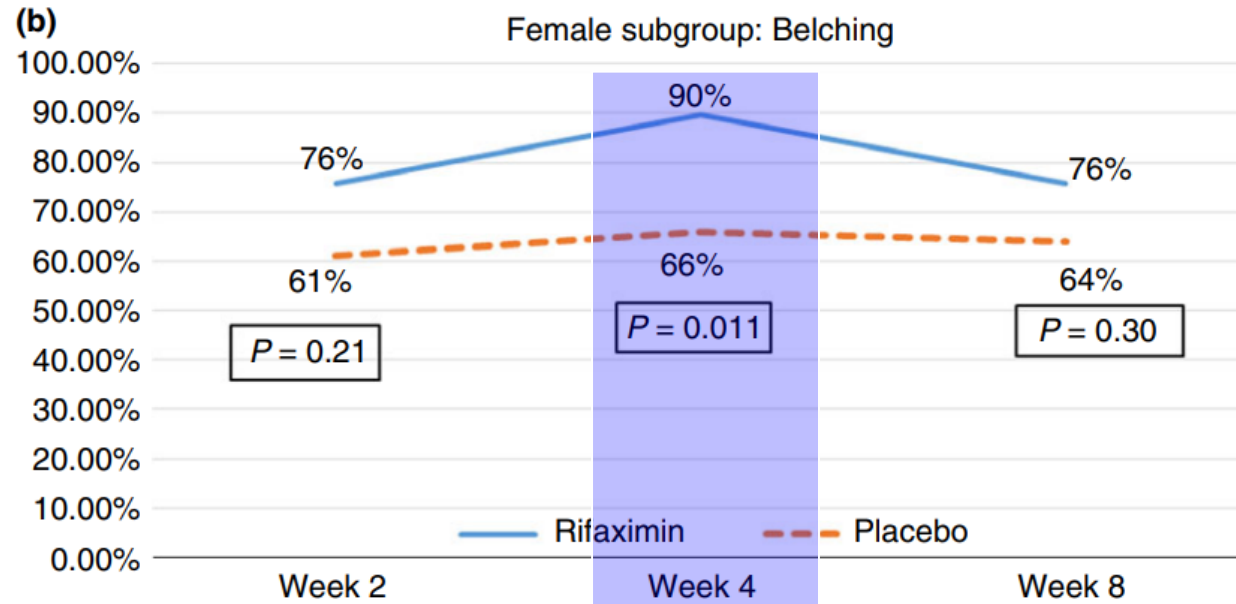
Randomised clinical trial: rifaximin versus placebo for the treatment of functional dyspepsia

Rifaximina 400 mg 3vTdia 2 semana
Placebo 3 v/día dos semanas

V. P. Y. Tan , K. S. H. Liu , F. Y. F. Lam, I. F. N. Hung, M. F. Yuen & W. K. Leung

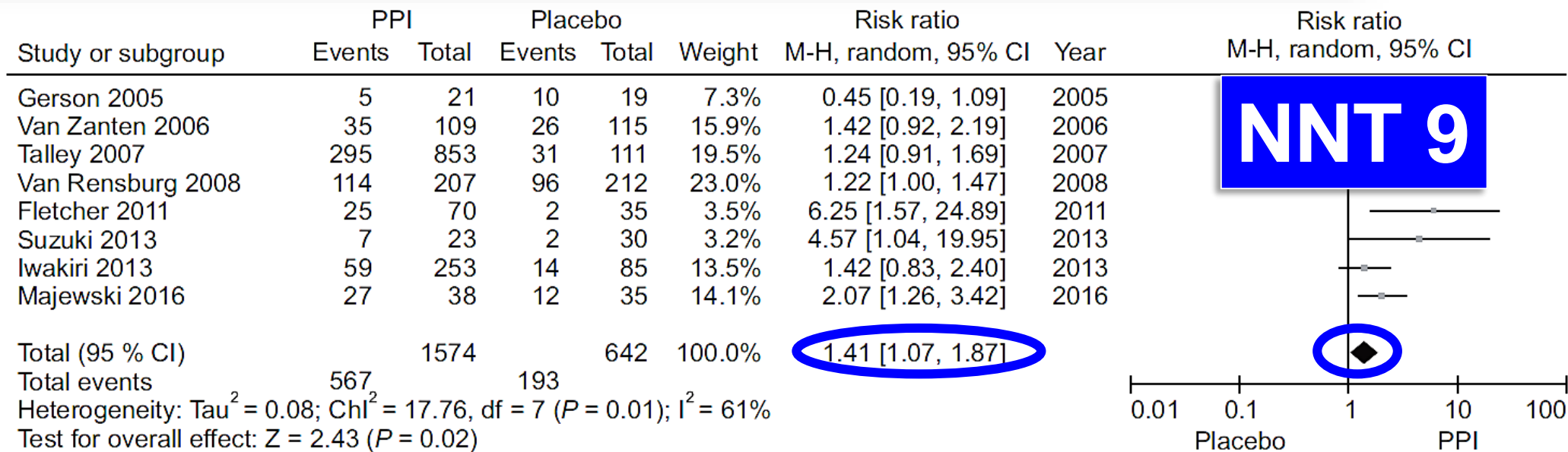
| | Adecuado alivio síntomas globales de dispepsia 8 semanas |
|------------|--|
| Rifaximina | 78% |
| Placebo | 52% _{p=0.02} |



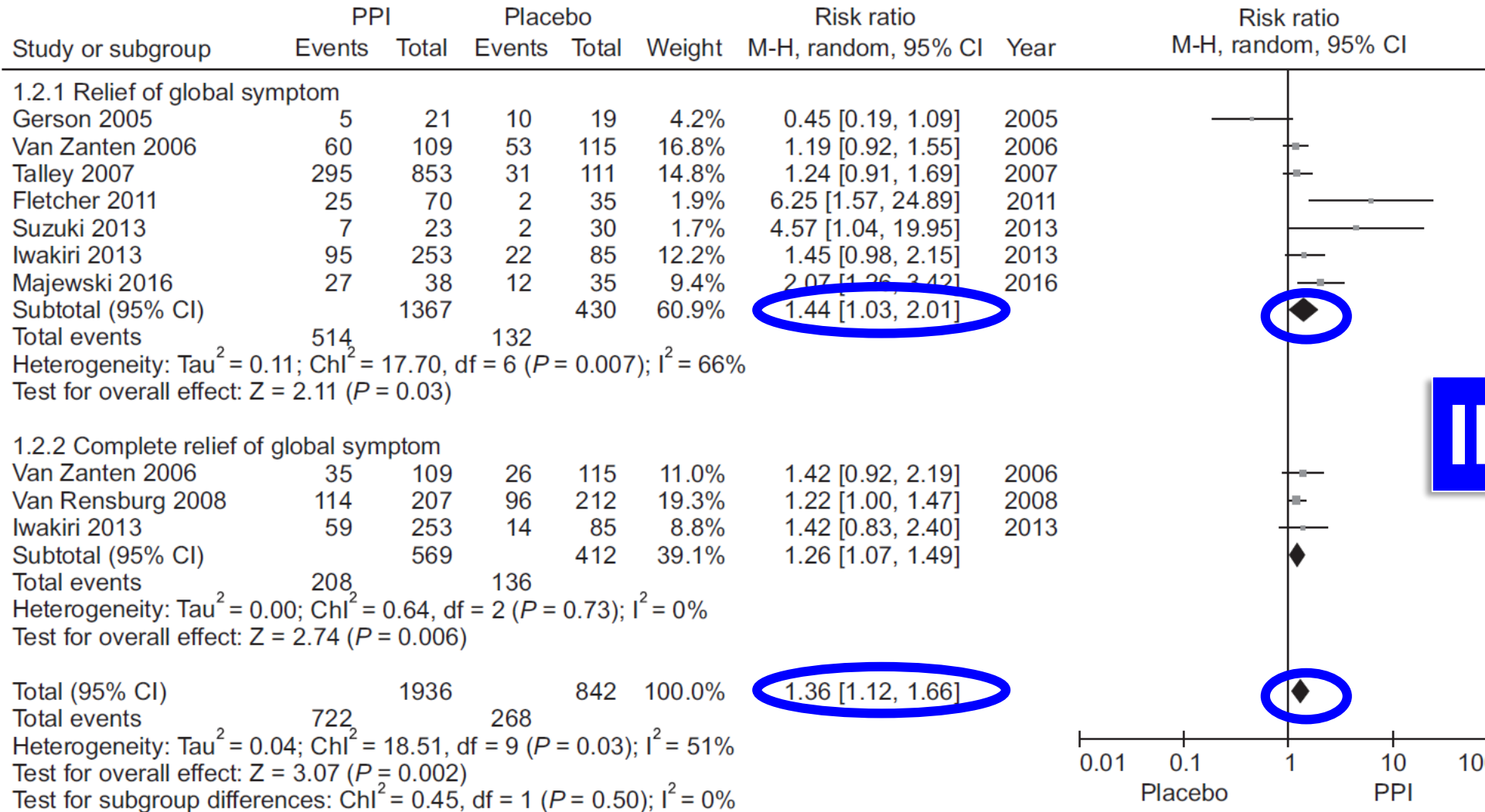


Clinical Practice Guidelines for Functional Dyspepsia in Korea

Jung Hwan Oh,¹ Joong Goo Kwon,^{2*} Hye-Kyung Jung,^{3*} Chung Hyun Tae,³ Kyung Ho Song,⁴ Seung Joo Kang,⁵ Sung Eun Kim,⁶ Kyoungwon Jung,⁶ Joon Sung Kim,¹ Jong Kyu Park,⁷ Ki Bae Bang,⁸ Myong Ki Baeg,⁹ Jeong Eun Shin,⁸ Cheol Min Shin,¹⁰ Ju Yup Lee,¹¹ and Hyun Chul Lim¹²; Functional Dyspepsia Research Group and Clinical Practice Guidelines Group Under the Korean Society of Neurogastroenterology and Motility

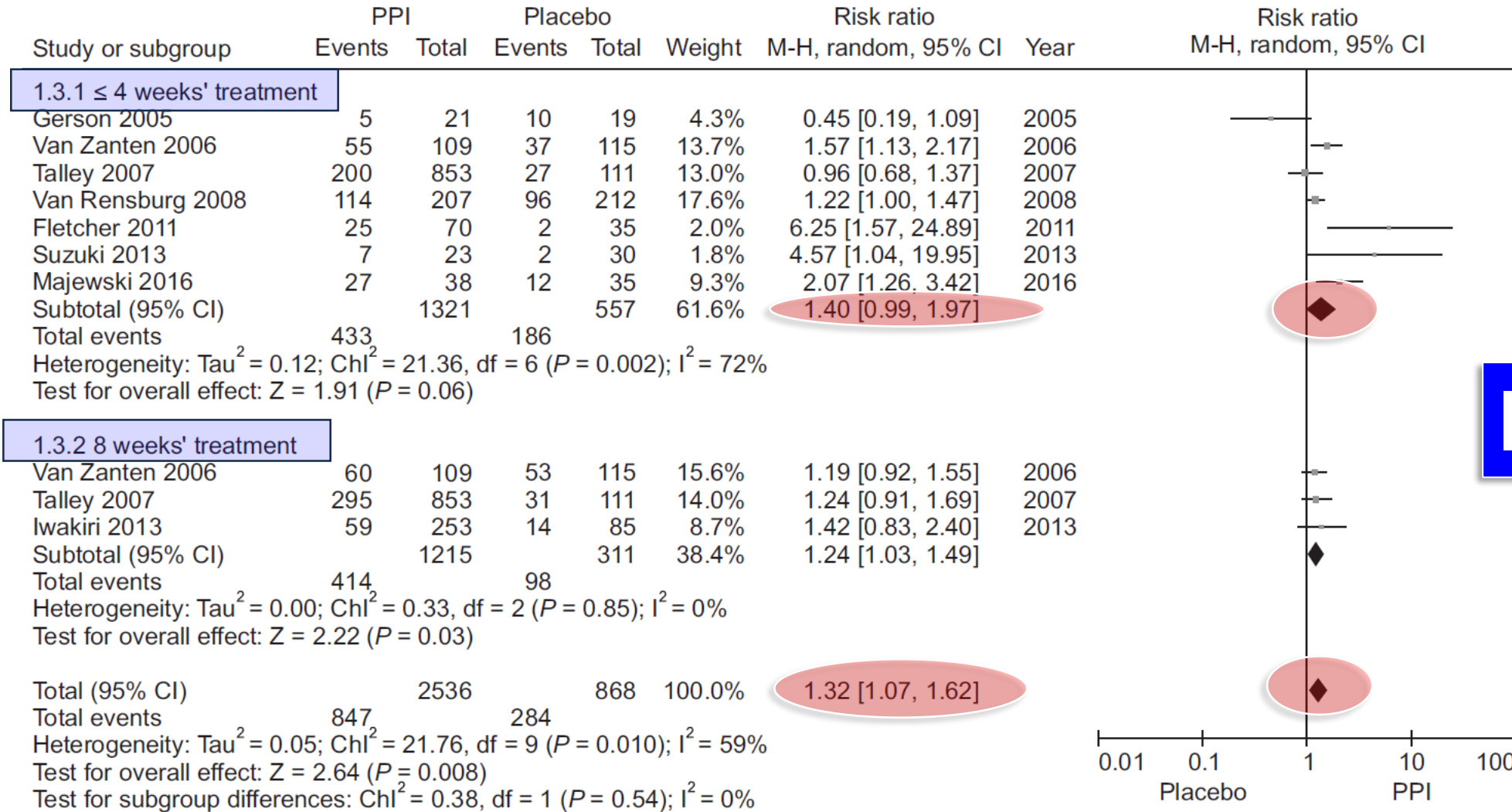


Dispepsia funcional



IBP

Dispepsia funcional



IBP

Mejoría con IBP

```
graph TD; A[Mejoría con IBP] --> B[Disminución HCl Hipersensibilidad Duodenal al ácido]; A --> C[Eliminación de Eosinofilos Duodeno]
```

**Disminución HCl
Hipersensibilidad
Duodenal al ácido**

**Eliminación de
Eosinofilos
Duodeno**

Proton Pump Inhibitors Reduce Duodenal Eosinophilia, Mast Cells, and Permeability in Patients With Functional Dyspepsia



Lucas Wauters,^{1,2} Matthias Ceulemans,² Dennis Frings,² Maarten Lambaerts,² Alison Accarie,² Joran Toth,² Raf Mols,³ Patrick Augustijns,³ Gert De Hertogh,⁴ Lukas Van Oudenhove,² Jan Tack,^{1,2} and Tim Vanuytsel^{1,2}

¹Department of Gastroenterology and Hepatology, University Hospitals Leuven, Leuven, Belgium; ²Translational Research in Gastrointestinal Disorders, Department of Chronic Diseases, Metabolism and Ageing, Katholieke Universiteit Leuven, Leuven, Belgium; ³Drug Delivery and Disposition, Katholieke Universiteit Leuven, Leuven, Belgium; and ⁴Department of Pathology, University Hospitals Leuven, Leuven, Belgium

Wauters L, *Gastroenterology* 2021;160:1521-31

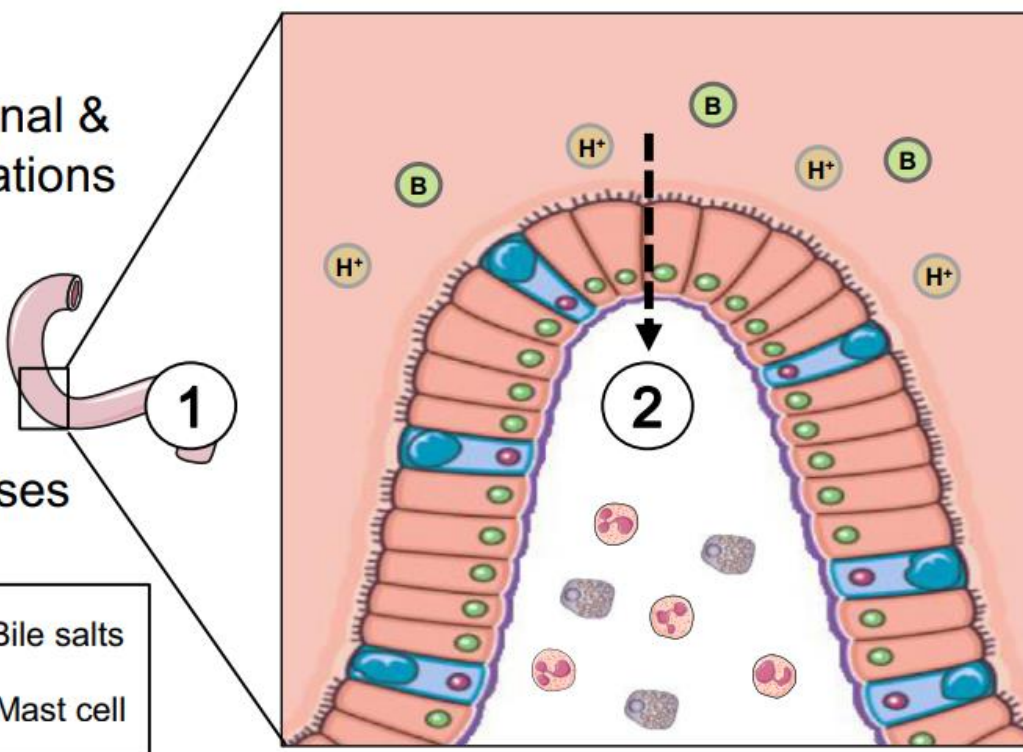
IBP y Dispepsia Funcional

Off-PPI:

duodenal luminal & mucosal alterations

systemic & stress responses

H^+ Acid (pH) B Bile salts
Eosinophil Mast cell

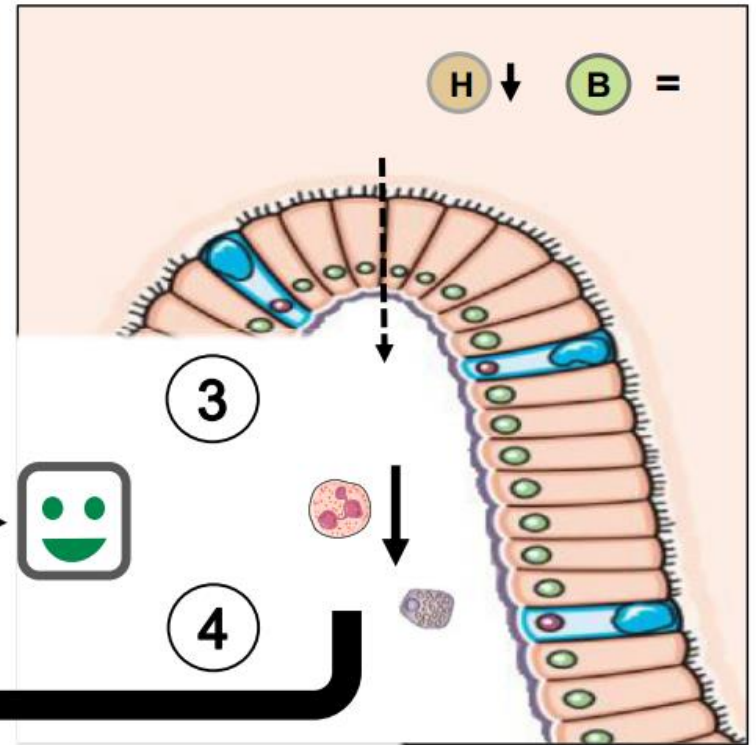


On-PPI:

↓ symptoms

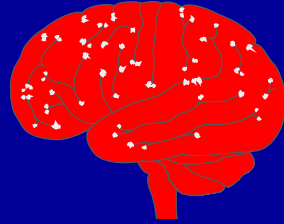
= stress

↓ cortisol



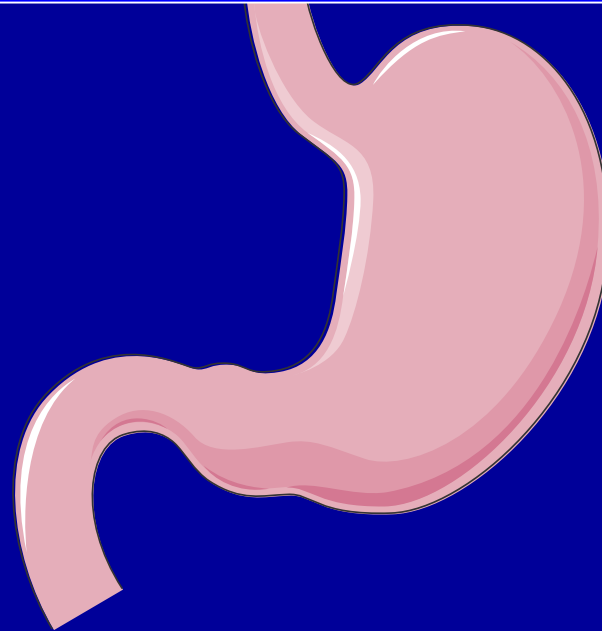
Wauters L, Gastroenterology 2021;160:1521-31

Mejoría por antidepresivos triciclicos

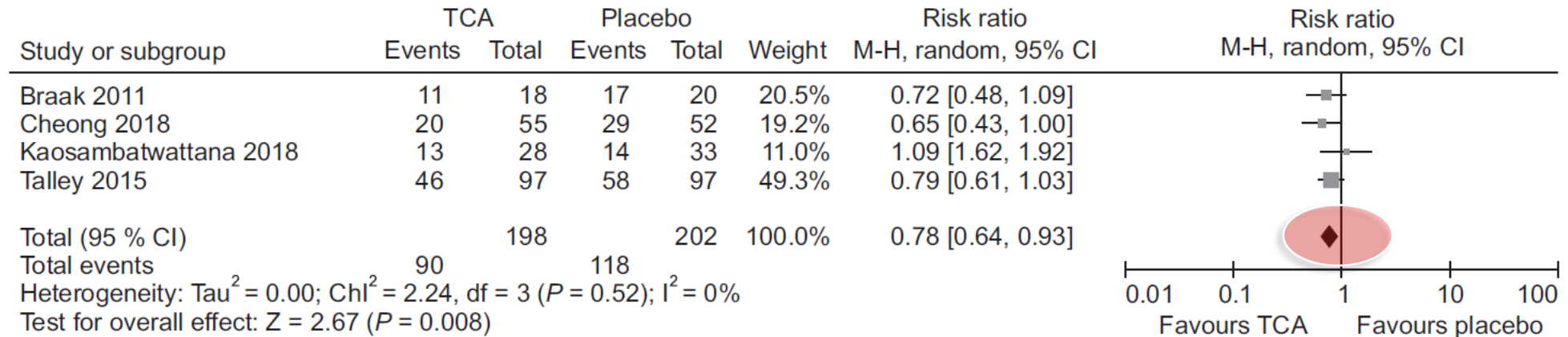


?

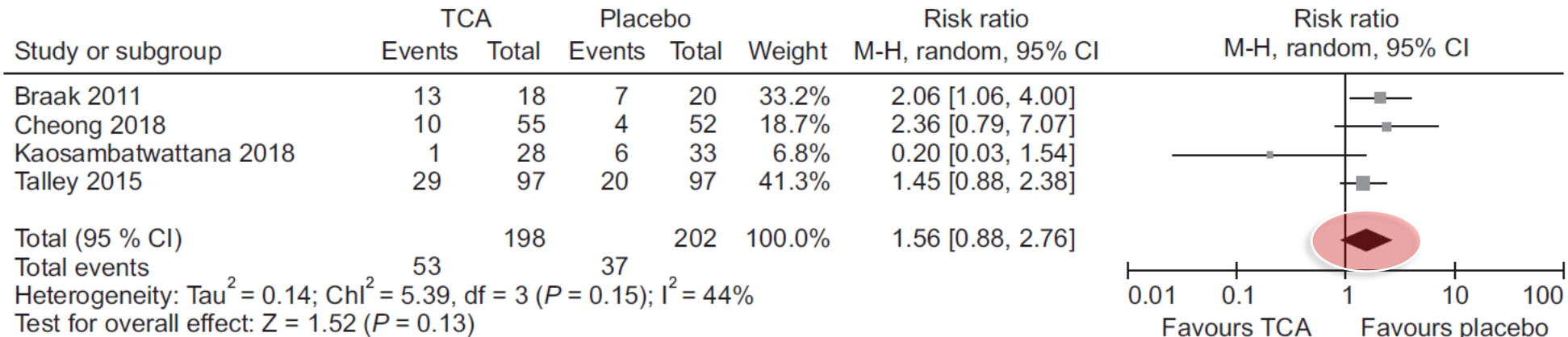
*Neuromodulación de la
Hipersensibilidad visceral*



Dispepsia funcional, antidepresivos triciclicos

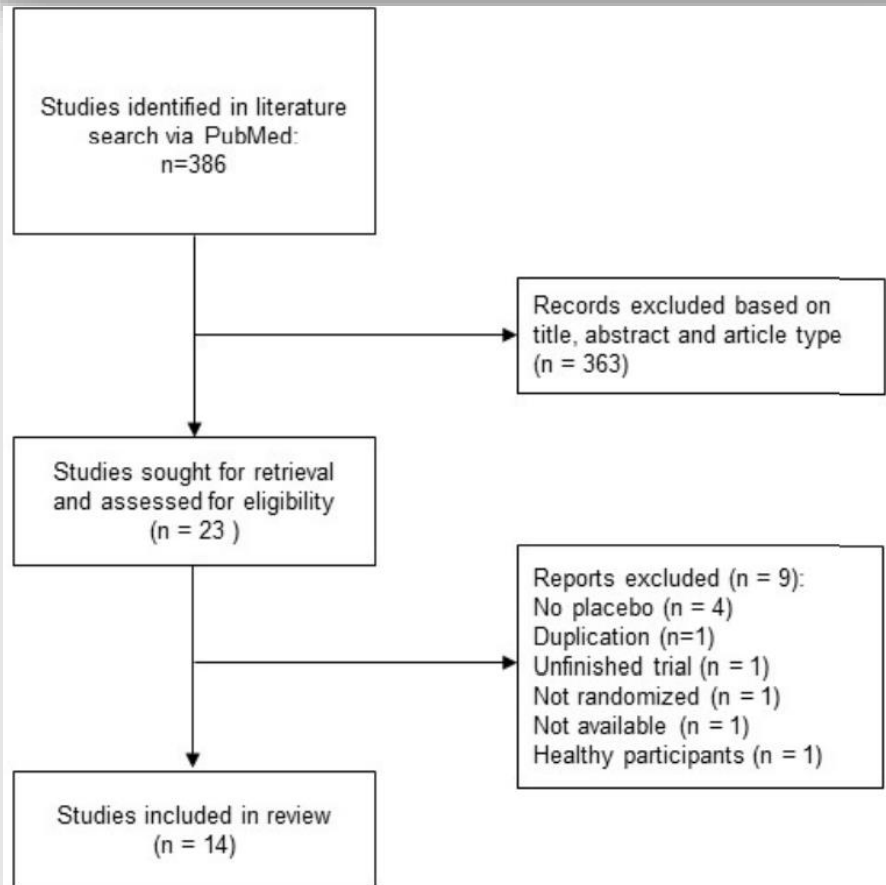


Efectos adversos



Neuromodulating agents in functional dyspepsia: a comprehensive review

L. Bosman¹, L. Wauters², T. Vanuytsel²



Mejor evidencia

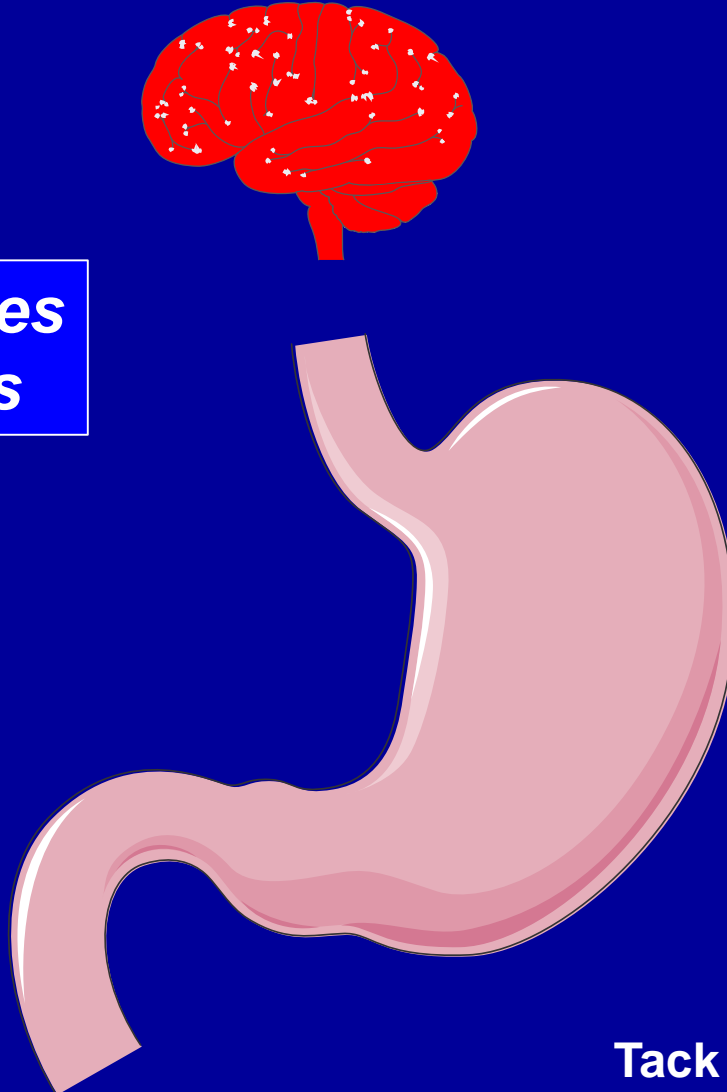
Papel potencial

**Antidepresivos
Tricíclicos**

**Antidepresivos
Tetracíclicos.
Levosulpiride**

Mejoría por antidepresivos tetracíclicos

***Mirtazipina 34 ptes
15 mg 8 semanas***



***Anti depresivo
Anti H1, a2 adrenérgico
Anti 5HT2C, 5 HT3***

***Llenura precoz
Tolerancia alimentos
Perdida de peso
Ansiedad
Calidad de vida***

Procinéticos ??

Prokinetics for Functional Dyspepsia: A Systematic Review and Meta-analysis of Randomized Control Trials

Rapat Pittayanon, MD^{1,2}, Yuhong Yuan, MD¹, Natasha P Bollegala, MD³, Reena Khanna, MD⁴, Brian E. Lacy, MD, FACP⁵, Christopher N. Andrews, MD⁶, Grigorios I. Leontiadis, MD, PhD, FACP¹ and Paul Moayyedi, MB, ChB, PhD, FACP¹

CONCLUSION: From the current evidence, prokinetics may be effective for the treatment in all subtypes of FD, with **very low quality of evidence**. There was no difference between prokinetics for dyspeptic symptom improvement. High-quality RCTs with large sample sizes of FD patients are needed to verify the efficacy of prokinetics.



**Cochrane
Library**

Cochrane Database of Systematic Reviews

Prokinetics for functional dyspepsia (Review)

Pittayanon R, Yuan Y, Bollegala NP, Khanna R, Leontiadis GI, Moayyedi P.

Prokinetics for functional dyspepsia.






Cochrane Database of Systematic Reviews 2018, Issue 10. Art. No.: CD009431.

DOI: [10.1002/14651858.CD009431.pub3](https://doi.org/10.1002/14651858.CD009431.pub3).

Authors' conclusions

Due to low, or very low, quality of evidence, we are unable to say whether prokinetics are effective for the treatment of functional dyspepsia. We are uncertain which of the individual prokinetic drugs is the most effective as well as whether prokinetics can improve quality of life. Apart from cisapride, prokinetics are well-tolerated. Good quality RCTs are needed to verify the efficacy of prokinetics.

Do prokinetic agents provide symptom relief through acceleration of gastric emptying? An update and revision of the existing evidence

Nick Goelen¹  | Mike Jones²  | I-Hsuan Huang¹  | Florenca Carbone³ |
Pieter Janssen¹  | Jan Tack^{1,3} 

**No hay correlación entre mejoría de síntomas
y efecto procinético, faltan más análisis
No se incluyó Mosaprida ni Itopride**



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journal homepage: www.elsevier.com/locate/bpg



Role of Low-FODMAP diet in functional dyspepsia: “Why”, “When”, and “to Whom”

Francesco Rettura^a, Christian Lambiase^{a,*}, Antonio Grosso^a, Alessandra Rossi^b,
Riccardo Tedeschi^a, Linda Ceccarelli^a, Massimo Bellini^a

Table 3

Studies on low FODMAP diet applied in patients with functional dyspepsia.

| Diet | Comparison to | Duration (week) | N° of pts | Diagnosis | Evaluation criteria | Conclusion | Responders (%) – p value |
|------------------------------------|-------------------------|-----------------|-----------|-----------|---------------------|-------------------------------------|--------------------------|
| LFD ⁵⁶ | Abitual diet | 6 | 25 | FD | Symptoms | Significant improvement of symptoms | 62 – NA |
| LFD/gluten free diet ⁵⁸ | Abitual diet | 4 | 11 | FD | Symptoms (NDI) | Modest reduction in symptoms | NA – 0.087 |
| LFD ¹³ | Standard dietary advice | NA | 59 | FD/IBS | Symptoms (SAGIS) | LFD more benefit | 50–0.012 |
| LFD ¹⁴ | Standard dietary advice | 4 | 105 | FD | Symptoms (SF-NDI) | No difference with both diets | 67–0.32 |

Abbreviations: FODMAP = fermentable oligo-, di-, mono-saccharides and polyols; pts = patients; LFD = low FODMAP diet; IBS = irritable bowel syndrome; NA = not applicable; NDI=Nepean Dyspepsia Index; SAGIS=Structured Assessment of Gastrointestinal Symptom Scale; SF-NDI=Short-Form NDI.

Mensajes para la casa

Enfoque de DNI depende de cada país

Colombia Asia, Endoscopia \geq 35 años

Jòvenes sin respuesta terapia empirica Endoscopia

Sintomas de alarma a cualquier edad Endoscopia

Endoscopia *H.pylori*, severidad *OLGA/OLGIM*

Dispepsia funcional erradicar Hp, IBP, tricíclicos

En el futuro del estómago al duodeno

Dispepsia Funcional tratamiento futuro



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Available online at www.sciencedirect.com

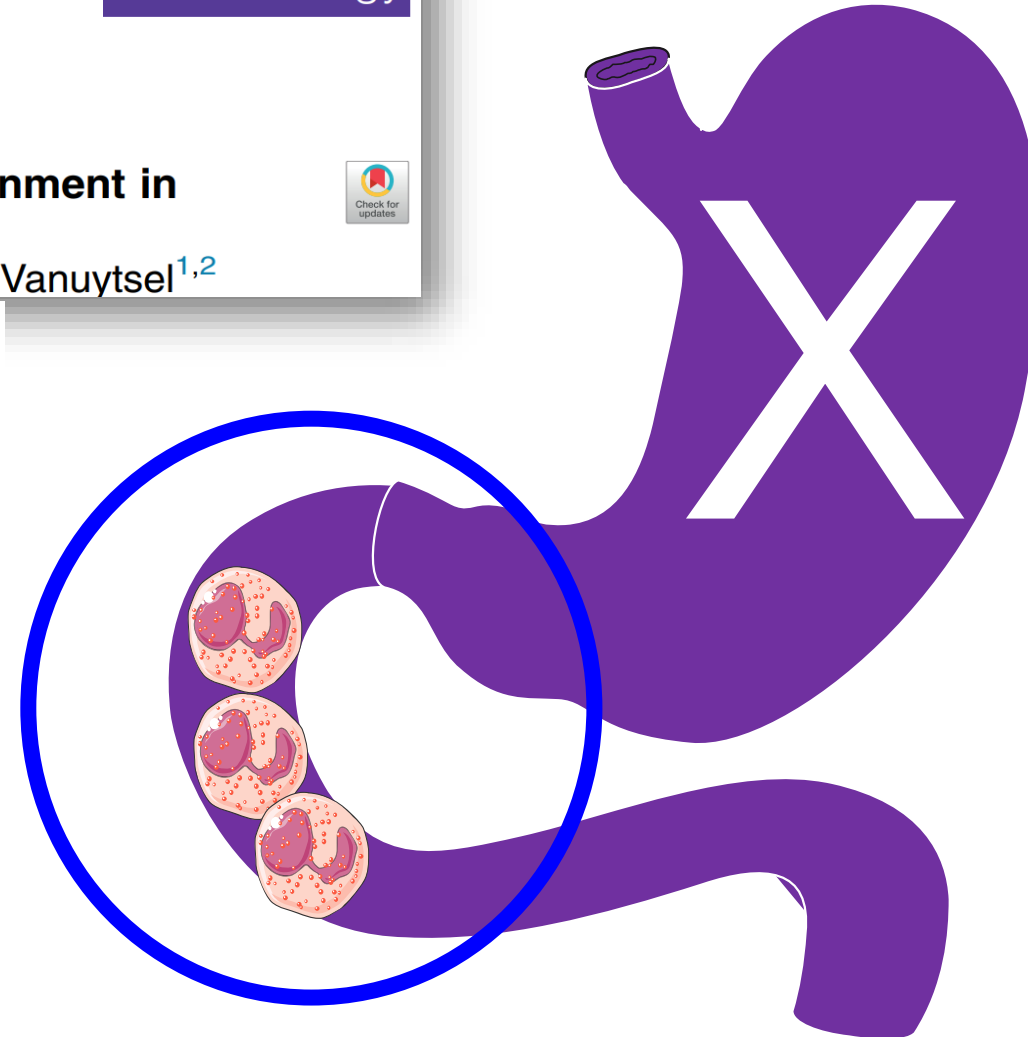
ScienceDirect

Current Opinion in
Pharmacology

Targeting the altered duodenal microenvironment in functional dyspepsia

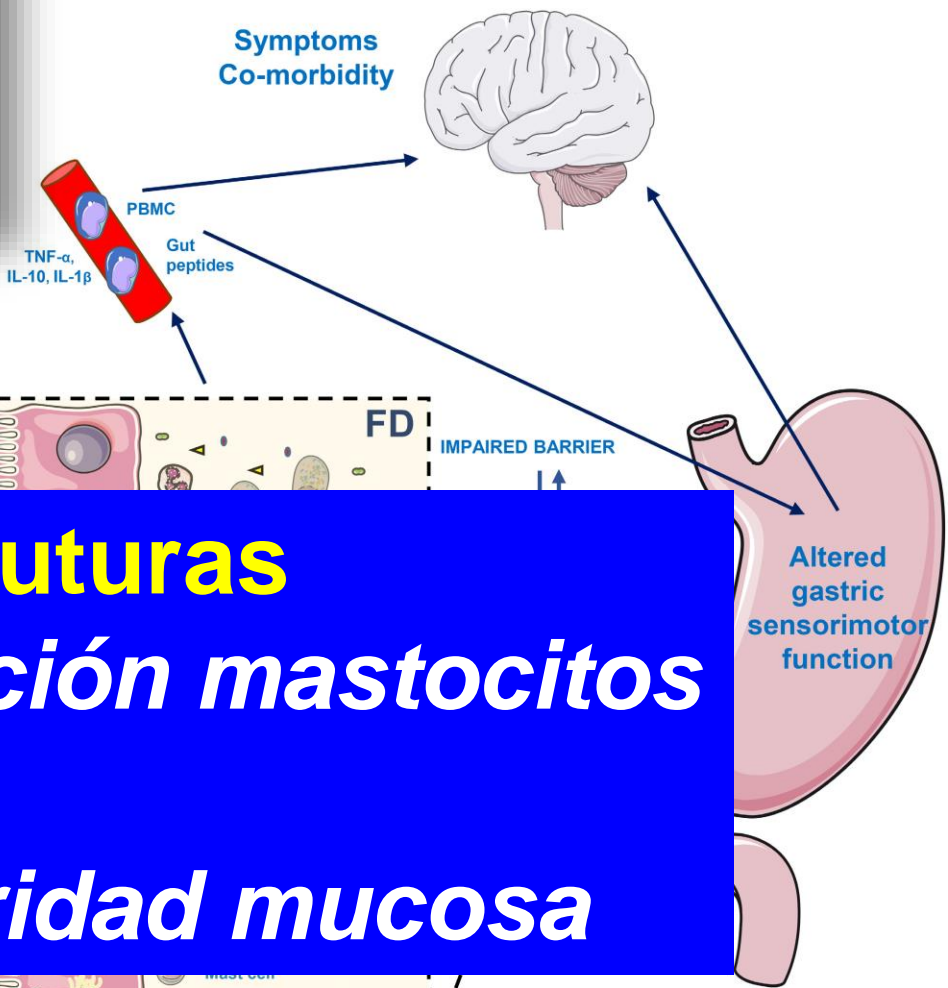
Matthias Ceulemans¹, Lucas Wauters^{1,2} and Tim Vanuytsel^{1,2}

Curr Opin Pharmacol. 2023;70:102363



Review article: Functional dyspepsia—a gastric disorder, a duodenal disorder or a combination of both?

B. W. L. C. M. Broeders^{1,2} | F. Carbone^{1,2} | L. M. Balsiger¹ | J. Schol^{1,2} |
K. Raymenants^{1,2} | I. Huang¹ | A. Verheyden¹ | T. Vanuytsel^{1,2} | J. Tack^{1,2}



Investigaciones futuras
Inhibición activación mastocitos
Eosinofilia
Pérdida de integridad mucosa

Muchas gracias!

