

## **ABSTRACT– DR. CHIAM KENG HOONG**

### Functional Dyspepsia

Known previously as non-ulcer dyspepsia, the terminology and its definition has undergone multiple changes to suit the evolution of our ongoing understanding of this complex topic.

Functional dyspepsia is a diagnosis of exclusion, a diagnostic term used, once we exclude red-flag symptoms or warning signs, that herald more sinister causes.

Though symptoms such as early satiety, fullness, epigastric pain, or a burning sensation are associated with functional dyspepsia, an organic pathology is also as likely to manifest with these characteristics.

Hence, the need for a thorough history taking, clinical assessment, and recently, recommendations on a limited number of tests, such as relevant blood investigation, Helicobacter Pylori testing and Endoscopy.

The idea is to avoid doing too much, which can lead to financial constraints for the hospital setting and create unnecessary worries for the patient.

The pathophysiology of functional dyspepsia is not entirely understood. It is, however, thought to arise from a blend of non-specific inflammation and motility disturbances believed to be triggered by a recent infection or food allergy, as well as a change in the intestinal microbiome.

Recently, overlap syndromes of functional dyspepsia with reflux disorders, and irritable bowel syndrome are increasingly recognized, thus, making the whole disease spectrum even more challenging. Such conditions, can make it extremely frustrating for both the treating clinician and the patient, as there are limited treatment options with varying levels of evidence in terms of efficacy.

Functional dyspepsia and its troublesome symptoms, have led to a significant loss of quality of life, despite no long-term impact on mortality.

Thus, the treatment goals, should incorporate a tailored pharmacological approach, based on the patient's dominant symptoms, dietary modification,

acid suppressive therapy or prokinetics where relevant, psychological treatment, constant reassurance, and patient education.