



Dyspepsia

Janet M. Torpy; Cassio Lynm; Richard M. Glass

JAMA. 2006;295(13):1612 (doi:10.1001/jama.295.13.1612)

Online article and related content
current as of July 11, 2009.

<http://jama.ama-assn.org/cgi/content/full/295/13/1612>

Correction

[Contact me if this article is corrected.](#)

Citations

[Contact me when this article is cited.](#)

Topic collections

JAMA Patient Page; Gastroenterology; Gastrointestinal Diseases
[Contact me when new articles are published in these topic areas.](#)

Related Articles published in
the same issue

Can the Clinical History Distinguish Between Organic and Functional
Dyspepsia?
[Paul Moayyedi et al. *JAMA*. 2006;295\(13\):1566.](#)

Subscribe

<http://jama.com/subscribe>

Email Alerts

<http://jamaarchives.com/alerts>

Permissions

permissions@ama-assn.org

<http://pubs.ama-assn.org/misc/permissions.dtl>

Reprints/E-prints

reprints@ama-assn.org

Dyspepsia

Dyspepsia, also called indigestion, is a problem that most adults experience at least once in their lifetime. Upper abdominal discomfort, nausea, vomiting, and belching are all symptoms of dyspepsia. Indigestion is often related to consumption of too much food, especially heavy or greasy foods, eating late at night, smoking, alcohol consumption, or life stress. For some individuals, dyspepsia occurs regularly and becomes a health and quality-of-life issue. The April 5, 2006, issue of *JAMA* includes an article about dyspepsia.

SYMPTOMS

- Upper abdominal discomfort
- Sensation of bloating
- Nausea with or without vomiting
- Belching
- Abdominal gas
- Feeling full after eating small amounts (called early satiety)

WHEN TO SEE YOUR DOCTOR

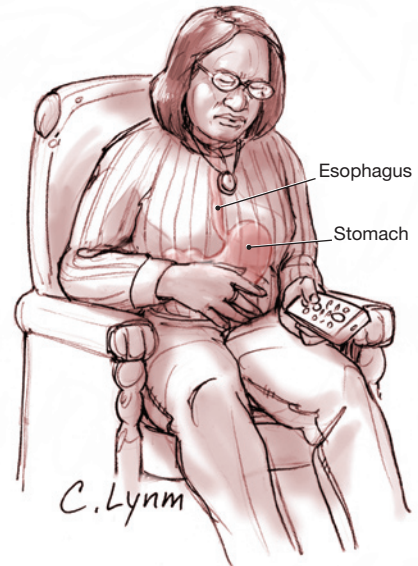
Because symptoms similar to those of dyspepsia may indicate a serious medical condition, you should see your doctor if you have indigestion on a regular basis. If you have bloody stools or vomit blood you should see a doctor immediately. Medical problems that have similar symptoms include gastroesophageal reflux disease (known as GERD), peptic ulcer disease, stomach cancer, pancreatic cancer, pancreatitis, gallbladder disease, irritable bowel syndrome, and even heart disease (upper abdominal pain may be due to angina or heart attack).

TESTING

Because dyspepsia can be a symptom of an underlying medical problem, your doctor may prescribe tests to look for these other conditions. These tests may include a barium swallow (an x-ray test in which the patient swallows a barium-containing solution to outline the gastrointestinal tract), upper gastrointestinal endoscopy (a lighted tube is passed through the esophagus into the stomach to look for abnormalities), or computed tomography (CT scan).

TREATMENT AND PREVENTION

- Avoid foods that trigger your dyspepsia symptoms.
- Avoid factors that make indigestion worse, such as eating large meals, especially heavy or greasy foods, eating late at night, eating quickly, or eating before exercise.
- Do not smoke.
- Avoid alcohol, if it produces symptoms of dyspepsia.
- Maintain a healthy weight, which helps to reduce symptoms of dyspepsia.
- Exercise regularly (at least 30 minutes of moderate to vigorous physical activity on most days of the week) to reduce stress, control weight, and improve well-being, all of which may ease dyspepsia.
- Follow your doctor's recommendations regarding medications for treating dyspepsia. These may include antacids, proton pump inhibitors, histamine-2 receptor blockers, and motility drugs (to help the stomach empty). Other medications may be prescribed for individuals with other medical problems that influence the symptoms of indigestion.



FOR MORE INFORMATION

- American College of Gastroenterology
www.acg.gi.org
- American Gastroenterological Association
www.gastro.org
- International Foundation for Functional Gastrointestinal Disorders
www.iffgd.org

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on JAMA's Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on gastroesophageal reflux disease was published in the May 9, 2001, issue; one on gastroesophageal reflux disease in children was published in the July 19, 2000, issue; and one on obesity was published in the April 9, 2003, issue.

Sources: National Institute of Diabetes and Digestive and Kidney Diseases; American Gastroenterological Association; International Foundation for Functional Gastrointestinal Disorders

Janet M. Torpy, MD, Writer

Cassio Lynn, MA, Illustrator

Richard M. Glass, MD, Editor

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 203/259-8724.

