

# FUNCTIONAL DYSPEPSIA, UPDATE ON THE PATHOPHYSIOLOGY AND MANAGEMENT

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**F**unctional dyspepsia (FD), defined as chronic gastroduodenal symptoms with no evidence of organic pathology. The broad definition includes around 17% of general population. The Rome committee has categorized FD to epigastric pain syndrome (EPS) and post prandial distress syndrome (PDS) or overlap depends on the pattern of symptoms. Rome IV has a new diagnostic and therapeutic algorithm. It also shed information on the pathophysiology of FD, namely the new, old duodenal eosinophilia and the association of gastrointestinal infections in the development of functional dyspepsia, namely H. Pylori infection, as well as certain bacterial infections like Salmonella enteritis. Eradication of H pylori is a corner stone for eradicating symptoms in subset of patients with FD, EPS. However, it's unclear if its antibiotic effect in general or because of H pylori eradication. The limitation of therapeutic measures in treating functional dyspepsia, lead to explore different medications with different mechanism of actions. The new novel prokinetic agents like Acotiamide, had a promising treatment effect for FD, PDS, especially with non-availability of effective prokinetic agents that lack serious side effects. Association of underlying anxiety and psychological elements have led to explore a psychotropic medications that have fundal-relaxing action 5-HT (1A) agonist in patients with PDS and Mirtazipine for FD/PDS with significant weight loss.

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