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# Dyspepsia and peptic ulcer disease

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The clinical management of dyspepsia differs between countries, and is often out of line with international recommendations for uninvestigated dyspepsia, *Helicobacter pylori* infection, and duodenal and gastric ulcers. In many settings the general practitioner either refers to a (more or less) prompt upper endoscopy, or prescribes a PPI straight away without a proper diagnosis. All updated international recommendations emphasize that patients under 50 years of age with new onset of uninvestigated dyspepsia without any alarm symptoms or signs can be managed with the "Test and treat" strategy. This means that in those patients a non-invasive test for an on-going Helicobacter pylori infection (either a Urea Breath Test (UBT) or a Fecal Helicobacter pylori-Antigen ELISA (F-Hp) should be used instead of referring for an upper endoscopy. The rational is in most countries this will have the same clinical outcome, but is cheaper and also less troublesome for the patient. All patients presenting with alarm symptoms, and all older than 50 years of age with a new onset of dyspepsia, should be offered an upper endoscopy. The eventual use of NSAID or ASA, even in low dose, has to be taken into account.