

Title:

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Improving functional dyspepsia outcomes -The role of guidelines, imaging, and patient education

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Dear Editor,

We thank ASENEM and SEMFYC for their comprehensive review on functional dyspepsia (FD) (1), a prevalent condition with variable therapeutic responses. The review highlights the importance of thorough initial evaluation, including dietary habits, medical history, medication review, physical examination, *Helicobacter pylori* (Hp) testing, and empirical use of proton pump inhibitors (PPIs) or prokinetics. Endoscopy is reserved for refractory cases or those with alarm symptoms.

This approach aligns with primary care practices, where time and access to specialized investigations are limited. Endoscopy is recommended for patients with alarm

symptoms or symptom onset after 55-60 years. The review also recommends computed tomography (CT) for patients over 60 with unintentional weight loss to rule out pancreatic cancer, given its diagnostic accuracy for biliopancreatic, liver, and gastrointestinal malignancies. This is supported by the differing prevalence trends of gastric and pancreatic cancer in Spain (2). Studies highlight cost-effectiveness and diagnostic utility of CT in older adults with recent onset abdominal pain in primary care (3). Systematic CT use enhances diagnostic accuracy, supports timely management in the elderly, and strengthens its integration into primary care to improve outcomes (4). The stepwise therapeutic algorithm—lifestyle modifications, dietary counseling, pharmacological interventions (Hp eradication, PPIs, prokinetics), and subsequently neuromodulators—offers pragmatic guidance. Addressing concerns about neuromodulators is crucial, due to patient apprehension toward psychotropic drugs. Educating patients on their role for symptom control, not psychiatric treatment, is key to adherence and success. Integrating educational strategies into primary care promotes long-term self-care, better adherence, and improved outcomes (5). Given time constraints in consultations, accessible and high-quality educational materials are essential to empower patients, support informed decisions, and enhance treatment adherence.

In conclusion, these guidelines provide valuable, evidence-based recommendations addressing both clinical and logistical aspects of FD management in primary care. Strengthening collaboration across care levels is pivotal to optimize patient outcomes.

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