

Diagnosing and Treating Functional Dyspepsia: An Evidence Based Approach

Test Questions

1. What is the prevalence of functional dyspepsia (FD) in the general population in the US?
 - a. 1%
 - b. 5%
 - c. 10%
 - d. 20%
2. Which of the following symptoms are commonly seen in functional dyspepsia (FD)?
 - a. Gastric belching and supra-gastric belching
 - b. Chronic nausea and vomiting including hyperemesis
 - c. Rumination syndrome with regurgitation of recently ingested food
 - d. Postprandial fullness, early satiation, epigastric pain, and epigastric burning
3. Which of the following approaches is recommended as a cost-effective way to evaluate and diagnose functional dyspepsia (FD)?
 - a. Use ROME IV criteria, history and physical findings to confirm presence of at least one of the symptoms of FD for at least 3 months with onset at least 6 months before diagnosis and affecting quality of life
 - b. Use ROME IV criteria and mandatory invasive testing including upper endoscopy to rule out gastric cancer
 - c. Use mandatory imaging studies including abdominal ultrasound and/or CAT scan (computed tomography)
 - d. Use mandatory laboratory testing including CBC, CMP, *H.Pylori*, and vitamin/mineral status
4. Which over-the-counter agent has very few side effects and has shown efficacy in small, randomized double-blind trials with patient-reported improvement in FD symptoms and quality of life?
 - a. Probiotics
 - b. Iberogast
 - c. Rikkunshito
 - d. Caraway oil and L-menthol
5. What were the results of a prospective, single-blind trial comparing a low FODMAP diet to traditional dietary advice in the treatment of functional dyspepsia?
 - a. Significant improvement seen in low FODMAP diet group only; no improvement in traditional group.
 - b. Little improvement seen in those with significant bloating or post-prandial distress syndrome.
 - c. Both groups noted improvement at 4 weeks, but there was no difference between groups.
 - d. Neither group showed improvement at 4 weeks.

Diagnosing and Treating Functional Dyspepsia: An Evidence Based Approach

Test Answers

1. What is the prevalence of functional dyspepsia (FD) in the general population in the US?
 - a. 1%
 - b. 5%
 - c. 10%
 - d. 20%
2. Which of the following symptoms are commonly seen in functional dyspepsia (FD)?
 - a. Gastric belching and supra-gastric belching
 - b. Chronic nausea and vomiting including hyperemesis
 - c. Rumination syndrome with regurgitation of recently ingested food
 - d. Postprandial fullness, early satiation, epigastric pain, and epigastric burning
3. Which of the following approaches is recommended as a cost-effective way to evaluate and diagnose functional dyspepsia (FD)?
 - a. Use ROME IV criteria, history and physical findings to confirm presence of at least one of the symptoms of FD for at least 3 months with onset at least 6 months before diagnosis and affecting quality of life
 - b. Use ROME IV criteria and mandatory invasive testing including upper endoscopy to rule out gastric cancer
 - c. Use mandatory imaging studies including abdominal ultrasound and/or CAT scan (computed tomography)
 - d. Use mandatory laboratory testing including CBC, CMP, *H.Pylori*, and vitamin/mineral status
4. Which over-the-counter agent has very few side effects and has shown efficacy in small, randomized double-blind trials with patient-reported improvement in FD symptoms and quality of life?
 - a. Probiotics
 - b. Iberogast
 - c. Rikkunshito
 - d. Caraway oil and L-menthol
5. What were the results of a prospective, single-blind trial comparing a low FODMAP diet to traditional dietary advice in the treatment of functional dyspepsia?
 - a. Significant improvement seen in low FODMAP diet group only; no improvement in traditional group.
 - b. Little improvement seen in those with significant bloating or post-prandial distress syndrome.
 - c. Both groups noted improvement at 4 weeks, but there was no difference between groups.
 - d. Neither group showed improvement at 4 weeks.