Asian Consensus Report on Functional Dyspepsia

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Background/Aims

Environmental factors such as food, lifestyle and prevalence of Helicobacter pylori infection are widely different in Asian countries compared to the West, and physiological functions and genetic factors of Asians may also be different from those of Westerners. Establishing an Asian consensus for functional dyspepsia is crucial in order to attract attention to such data from Asian countries, and to articulate the experience and views of Asian experts, and to provide a relevant guide on management of functional dyspepsia for primary care physicians working in Asia.

Methods

Consensus team members were selected from Asian experts and consensus development was carried out using a modified Delphi method. Consensus teams collected published papers on functional dyspepsia especially from Asia and developed candidate consensus statements based on the generated clinical questions. At the first face-to-face meeting, each statement was reviewed and e-mail voting was done twice. At the second face-to-face meeting, final voting on each statement was done using keypad voting system. A grade of evidence and a strength of recommendation were applied to each statement according to the method of the GRADE Working Group.

Results

Twenty-nine consensus statements were finalized, including 7 for definition and diagnosis, 5 for epidemiology, 9 for pathophysiology and 8 for management. Algorithms for diagnosis and management of functional dyspepsia were added.

Conclusions

This consensus developed by Asian experts shows distinctive features of functional dyspepsia in Asia and will provide a guide to the diagnosis and management of functional dyspepsia for Asian primary care physicians.

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Key Words

Asia; Diagnosis; Epidemiology; Functional dyspepsia; Management; Pathophysiology
Introduction

Dyspepsia is one of the most common disorders in medicine, with dyspeptic patients seen on a daily basis not only by gastroenterologists but also by physicians in a variety of other fields. However, organic causes are found in only a minority of such patients. Functional dyspepsia (FD) is defined as a condition in which upper abdominal symptoms occur in the absence of organic disease that explains them. There are many FD patients in Asian as well as Western countries. The scientific investigation of the pathophysiology of FD began only recently and its first definition was developed in 1988. Since then, many of the ideas on this condition have been derived from studies conducted in Western societies, despite the large number of FD patients in Asian populations and much important research from Asian countries.

Accordingly, the establishment of an Asian consensus for FD is crucial in order to attract attention to such data from Asian countries, to articulate the experience and views of Asian experts, and to provide a relevant guide to the management of this disease for primary care physicians working in Asia. In particular, environmental factors such as food, lifestyle and prevalence of Helicobacter pylori infection are widely different in Asian countries compared to the West, and physiological functions and genetic factors of Asians may also be different from those of Westerners. Therefore, the Asian perspective should be useful for further understanding the pathogenesis of FD.

The understanding of FD is progressing and will evolve over time. We have summarized the current Asian perspective on FD in this consensus report, which will be revised as our understanding of FD grows.

Methods

The Asian Neurogastroenterology and Motility Association (ANMA) and the Asian Pacific Association of Gastroenterology (APAGE) agreed to jointly generate an Asian consensus report on FD and organized 4 teams for that purpose: Team 1, definition and diagnosis; Team 2, epidemiology; Team 3, pathophysiology; and Team 4, management. Twenty-two consensus team members were recruited from Asian countries on the basis of each member’s scientific activities and published papers on FD.

The consensus development process was carried out by using a modified Delphi method. Consensus team members started their job in late June 2009 by collecting original papers on FD from Asian countries until the end of August 2009 through available global and domestic online literature searching systems. Papers in English and other languages that were not available online were searched manually. Thereafter the remaining important original and review papers not only from Asia but also from rest of the world were also collected and added. When a new paper was published during the consensus process, it was also included. After thorough reviewing of the literature, each team generated approximately 10 consensus statements through intra- and inter-team e-mail discussions, resulting in a total of 37 candidate consensus statements.

On September 19, 2010, the first Asian FD consensus meeting was held in Kuala Lumpur, Malaysia. At the meeting, each candidate statement was discussed in depth, and afterward, the statements were reviewed again and amended by the 4 teams, taking the discussions held at the first consensus meeting into consideration. At this point, 34 consensus statements had been developed.

The first e-mail voting on the consensus statements was done by all of the consensus members on October 26, 2010. Each member was asked to choose one of the following 6 levels of agreement on each statement (Table): (a) accept completely, (b) accept with minor reservation, (c) accept with major reservation, (d) reject with major reservation, (e) reject with minor reservation, and (f) reject completely. Consensus members were also asked to add comments on each statement, if any. When the proportion of members who voted (a) or (b) was 80% or higher, the statement was regarded as acceptable and a consensus was considered to have been reached. In the first e-mail vote, 25 of the 34 statements (73.5%) were acceptable and the remaining 9 statements (26.5%) failed to reach the consensus level.

After extensive discussions and subsequent revision of the consensus statements, the second e-mail voting was done on 35 statements on January 11, 2011. From this voting, 30 statements (85.7%) were acceptable while 5 statements (14.3%) were unacceptable. Each statement was reviewed and amended again by each team, and a total of 32 consensus statements were developed for final voting.

On March 3, 2011, the second Asian FD consensus meeting was held in Beijing, China. At the plenary meeting, voting on each statement was done using a keypad voting system. After each vote, a discussion was held, and if necessary, the statement was revised and voted on again until a consensus was reached. At