

# Functional Dyspepsia Doctor Discussion Guide

Bring this to your appointment if upper-abdominal symptoms after meals are still being treated as vague indigestion.

## 1. My Main Pattern

- Main symptom location:
- What I feel during or after meals:
- How quickly symptoms start:
- Whether bowel changes also show up:
- Whether stress makes the symptoms louder:

## 2. Questions to Ask

1. Does my pattern sound more like **functional dyspepsia**, **IBS**, or **overlap**?
2. Does the pattern lean more toward **postprandial distress syndrome** or **epigastric pain syndrome**?
3. Should we review *H. pylori*, reflux, gastroparesis, medication effects, or other look-alikes?
4. Would acid suppression, prokinetics, or pain-modulation strategies make more sense for my pattern?
5. Is a diet change reasonable here, or am I at risk of over-restricting without a clear target?
6. When should we move toward more evaluation instead of more trial-and-error?

## 3. Treatment-Matching Notes

- If the main issue is **early fullness / post-meal heaviness / nausea**, ask what supports meal tolerance and motility.
- If the main issue is **upper pain or burning**, ask whether the pattern is acid-sensitive or pain-amplification dominant.
- If the main issue is **mixed upper- and lower-GI symptoms**, ask how to handle overlap without treating everything like one condition.
- If stress clearly amplifies symptoms, ask where gut-brain therapies fit without replacing medical evaluation.

## 4. Red Flags to Mention Clearly

- unexplained weight loss
- ongoing vomiting
- bleeding or black stools
- trouble swallowing
- chest pain
- severe or rapidly changing pain

## Quick Script

*My symptoms are mostly upper-abdominal and meal-related, and they do not fit cleanly into a lower-GI IBS framework. Can we review whether functional dyspepsia is a better fit, whether there is overlap, and which treatment direction actually matches my pattern?*