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EDITORIAL

Editorial on the article «Factors associated with uninvestigated dyspepsia in students at 4 Latin American schools of medicine: A multicenter study»☆☆☆☆



Editorial al artículo titulado «Factores asociados a dispepsia no investigada en estudiantes de 4 facultades de medicina de Latinoamérica: estudio multicéntrico»

In this issue, Talledo-Ulfe et al. presented a cross-sectional study in which they applied a validated questionnaire to determine the prevalence of uninvestigated dyspepsia (UID) and its associated factors in more than 1200 medical students from 4 different Latin American universities. In an interesting multicenter effort, the authors found that a large number of medical students presented with UID and they detected predisposing factors, as well as protective factors, for that syndrome. Based on their results, the authors recommended that universities develop early detection programs for UID, which they consider highly preventable.¹

Their multicenter study confirms and reinforces known aspects of UID, such as its high prevalence, which varied widely according to both the population studied and the definition used to establish its presence. UID prevalence has been estimated at 21% of the world population,² and in Mexico a prevalence of 7 to 68% has been reported.³ In the analysis by Talledo-Ulfe et al., the prevalence of UID was similar among the 4 universities assessed, despite the geographic differences, and was also comparable to that observed in other such studies. We know

that the appearance of the dyspeptic symptomatic complex is frequently related to dietary elements and stress in those patients, which was confirmed in the present work.

However, their study raises many questions that are motives for future research. Their analysis did not include a comparative group (e.g., university students studying different subject areas), which would have made it possible to evaluate whether studying medicine were a true risk factor for dyspepsia, nor was a detailed dietetic questionnaire used, which would have revealed more about the potential role specific foods and their portions or characteristics play in the appearance of UID. Finally, as the authors stated, factors that could be related to dyspepsia were not taken into consideration upon patient selection, such as the use of medications, previous esophagogastric surgery, and *Helicobacter pylori* infection.

But beyond the methodology, there is a subtle blending of the concept of UID with the concept of functional dyspepsia (FD) in the multicenter study by Talledo-Ulfe et al. It should be recalled that dyspepsia proper is a symptomatic complex and not a specific diagnosis or organic lesion.⁴ Whether the origin of dyspeptic symptoms is organic or functional cannot reliably be distinguished by the symptoms themselves, nor are they sufficient guides for determining the underlying cause. The authors recommend that universities establish early detection programs for this highly preventable pathology. However, it may be possible to prevent a lesion, but it is very difficult to prevent a symptom. Until we know whether the dyspeptic symptoms of those students were caused by hypersensitivity associated with stress, *Helicobacter pylori* infection, or peptic ulcer, little can be done with respect to establishing preventive measures.

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It is very important to continue studying the dyspeptic syndrome, augmenting and carefully selecting the populations to be studied, to compare groups that are exposed to risk factors with others that are not. But it is especially important to clearly differentiate the different aspects of the broad dyspepsia spectrum to know whether we are dealing with “uninvestigated”, “organic or secondary”, or “functional” dyspepsia.⁵

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Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflict of interest

The authors declare that there is no conflict of interest.

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R. Carmona-Sánchez*

*Unidad de Medicina Ambulatoria, Chistus Muguerza S.L.P,
San Luis Potosí, Mexico*

*Corresponding author. Calle Mariano Arista # 931, interior 5, primer piso, Col. Tequisquiapan, CP 78250, San Luis Potosí, S.L.P, Mexico

E-mail address: rcarmonas1@prodigy.net.mx