

Supplementary Table 1 The Rome III and IV criteria for functional dyspepsia

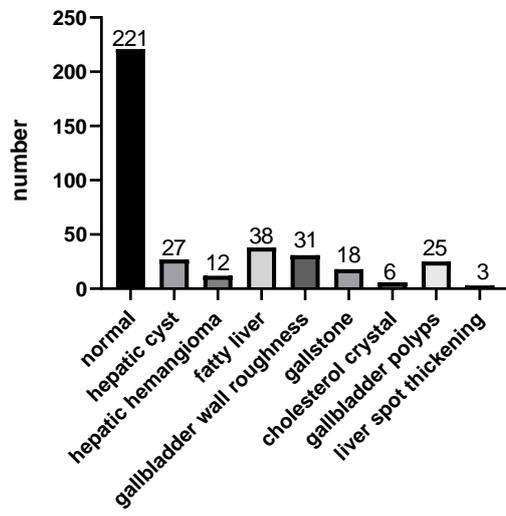
Criteria	Symptom items included
Rome III	<p>1. \geq 1 of*:</p> <ul style="list-style-type: none"> a. Bothersome postprandial fullness b. Early satiety c. Epigastric pain d. Epigastric burning <p>AND</p> <p>2. No evidence of structural disease (including at upper GI endoscopy) that is likely to explain the symptoms</p> <p>*Criteria fulfilled for the last 3 mo, with symptom onset \geq 6 mo before diagnosis</p>
Rome III EPS	<p>Must include all of the following*:</p> <ul style="list-style-type: none"> 1. Pain or burning localized to the epigastrium of at least moderate severity \geq once per week 2. The pain is intermittent 3. Not generalized or localized to other abdominal or chest regions 4. Not relieved by defecation or passage of flatus 5. Not fulfilling criteria for gallbladder and sphincter of Oddi disorders <p>*Criteria fulfilled for the last 3 mo, with symptom onset \geq 6 mo before diagnosis</p>
Rome III PDS	<p>Must include one or both of the following*:</p> <ul style="list-style-type: none"> 1. Bothersome postprandial fullness, occurring after ordinary sized meals, at least several times per week 2. Early satiation that prevents finishing a regular meal, at

	<p>least several times per week</p> <p>*Criteria fulfilled for the last 3 mo, with symptom onset \geq 6 mo before diagnosis</p>
Rome IV	<p>1. One or more of the following:</p> <ul style="list-style-type: none"> a. Bothersome postprandial fullness b. Bothersome early satiation c. Bothersome epigastric pain d. Bothersome epigastric burning <p>AND</p> <p>2. No evidence of structural disease (including at upper endoscopy) that is likely to explain the symptoms</p> <p>^aMust fulfill criteria for B1a. PDS and/or B1b EPS</p> <p>^bCriteria fulfilled for the last 3 mo with symptom onset at least 6 mo before diagnosis</p>
Rome IV EPS	<p>Must include at least 1 of the following symptoms at least 1 day a week:</p> <ul style="list-style-type: none"> 1. Bothersome epigastric pain (<i>ie</i>, severe enough to impact on usual activities) <p>AND/OR</p> <ul style="list-style-type: none"> 2. Bothersome epigastric burning (<i>ie</i>, severe enough to impact on usual activities) <p>No evidence of organic, systemic, or metabolic disease that is likely to explain the symptoms on routine investigations (including at upper endoscopy).</p> <p>^aCriteria fulfilled for the last 3 mo with symptom onset at least 6 mo before diagnosis</p>
Rome III	<p>Must include one or both of the following at least 3 d</p>

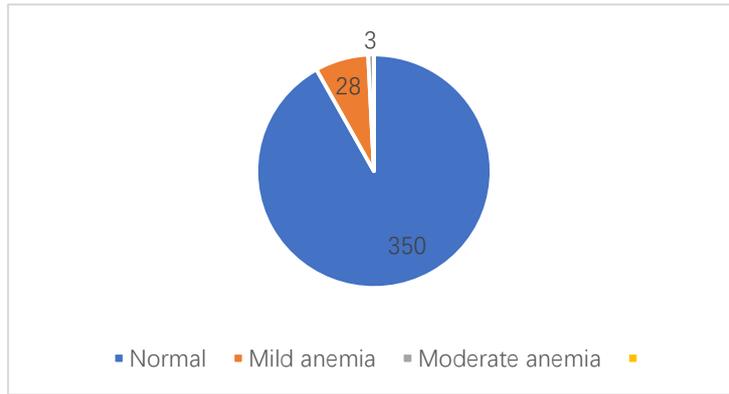
PDS	<p>per week:</p> <ol style="list-style-type: none">1. Bothersome postprandial fullness (<i>ie</i>, severe enough to impact on usual activities)2. Bothersome early satiation (<i>ie</i>, severe enough to prevent finishing a regular-size meal) <p>No evidence of organic, systemic, or metabolic disease that is likely to explain the symptoms on routine investigations (including at upper endoscopy)</p> <p>aCriteria fulfilled for the last 3 mo with symptom onset at least 6 mo before diagnosis</p>
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Supplementary Table 2 Results of gastroscopy in the population of the physical examination center

Results	physical examination population (<i>n</i> = 200) [<i>n</i> (%)]
Barrett's esophagus	2 (1.0)
Esophageal candidiasis	2 (1.0)
Reflux esophagitis	32 (16.0)
Esophageal varices	2 (1.0)
Chronic gastritis	101 (50.5)
Gastric erosion	34 (17.0)
Gastric ulcer	1 (0.5)
Duodenitis	15 (7.5)
Duodenal ulcer	11 (5.5)



Supplementary Figure 1: The results of epigastric ultrasounds



Supplementary Figure 2: The results of routine blood tests