

## **SAND abstract No. 100 from the BEACH program 2006–07**

### **Subject: Gastrointestinal symptoms in patients attending general practice**

**Organisation supporting this study:** Janssen-Cilag Pty Ltd

**Issues:** The proportion of general practice patients with heartburn or reflux; the diurnal distribution of symptoms; predominant symptoms; duration and frequency of episodes; source and nature of management.

**Sample:** 2,801 encounters from 97 GPs; data collection period: 06/06/2006 – 10/07/2006.

**Method:** Detailed in the paper entitled 'SAND Method 2006–07 on this website: <[www.fmrc.org.au/publications/SAND\\_abstracts.htm](http://www.fmrc.org.au/publications/SAND_abstracts.htm)>.

### **Summary of results**

The age-sex distribution of respondents was similar to the distribution for all BEACH encounters, with the majority (58.5%) of patients being female.

In the 2,801 encounters, 827 patients (29.5%, 95% CI: 26.4–32.6) indicated that they had symptoms of heartburn and/or reflux. The proportion of patients with heartburn or reflux was similar among males and females. The likelihood of experiencing symptoms increased with age, with 44.0% of patients aged between 65 and 74 years experiencing such symptoms.

Of the 827 patients reporting symptoms 381 (46.1%, 95% CI: 41.4–50.7) indicated that they currently had symptoms, 255 (30.1%, 95% CI: 26.4–35.3) had symptoms over the past 12 months, and 245 (29.6%, 95% CI: 25.3–33.9) had past symptoms that had now resolved.

The predominant symptom was heartburn among 404 patients (54.4%, 95% CI: 48.6–60.2), followed by acid regurgitation in 251 patients (33.8%, 95% CI: 28.7–38.8). Almost half the patients, 350 (45.8%, 95% CI: 40.8–50.8) experienced their symptoms both day and night.

Episodes of symptoms lasted a mean of 2.5 hours, with a median of 1.0 hour. Three in ten patients (30.1%, n=220) stated they had experienced symptoms for one to five years, and 20.1% (n=147) indicated their symptoms had been present for less than one year.

Half the patients (51.1%, n=396) had symptoms on less than 25% of days, and 23.5% (n=182) had symptoms on 25% to 50% of days. Two in five patients (40.3%, n=326) ranked their symptoms as mild, 41.6% (n=337) as moderate and 18.1% (n=147) as severe or very severe.

Of the 816 patients who indicated whether they had sought treatment 80.4% (n=656) had sought treatment. The most common sources of treatment was a GP (70.3%, n=457), or a specialist (25.5%, n=166), while 20.9% (n=136) self-medicated using supermarket products.

The most common diagnosis was oesophageal reflux in 66.3% (327 of 493 recorded diagnoses) of patients, followed by oesophagitis in 10.8% (n=53) of patients.

The most common investigation was endoscopy constituting 84.1% of 277 recorded investigations. Patients were referred to gastroenterologists in 125 of 159 total referrals.

Of the 544 medications used in the treatment of gastrointestinal symptoms, esomeprazole was the most common (22.1% of all medications listed), followed by omeprazole (19.9%) and pantoprazole (15.1%).

*Correspondence to: Graeme Miller, AGPSCC*

# PLEASE READ CAREFULLY

The shaded section of the following forms asks questions about **PATIENTS WITH GASTROINTESTINAL SYMPTOMS**.

*You may tear out this page as a guide to completing the following section of forms.*

## INSTRUCTIONS

Ask **ALL** of the **next 30 PATIENTS** the following questions **in the order in which the patients are seen**.

Please **DO NOT** select patients to suit the topic being investigated.

### Heartburn or reflux

Please indicate by ticking the appropriate box/es whether this patient has experienced **heartburn** or **oesophageal reflux** either **currently**, in the **past 12 months** or at another time in the past but which has **since resolved**. Tick as many as apply.

If the patient has not experienced these symptoms **please end the questions** here.

### \*Severity of symptoms

Please refer to the **definitions** of severity on the laminated cards in your research kit and advise the **level of severity** for this patient's **symptoms**.

### Treatment sought

The patient may or may not have presented to you for help with these symptoms. Please **ask the patient** if they have **sought treatment** for their GI symptoms from any source. If **'no'** you may **end the questions** here.

If **'yes'** please use the tick boxes to advise **where** the patient sought treatment.

### Primary symptoms, duration and frequency

Please circle an option or write a response to advise:

*(definitions also on laminated card in research pack)*

- the **time of day** the patient typically experiences/ed symptoms
- the **primary (1°) or predominant symptom\*** experienced  
(1 = heartburn/epigastric pain 2 = acid regurgitation 3 = bloating 4 = belching)
- the **duration** of each episode i.e. how long the symptoms last
- the **frequency\*\*** of symptoms i.e. how often they occur.  
(1 = on <25% of days                      2 = ≥ 25% but <50% of days  
3 = ≥ 50% but <75% of days            4 = ≥ 75% of days)

### Time since onset or duration of episodes

Please advise the approximate **time since the episodes** of GI symptoms **commenced**.

If GI symptoms are **now resolved**, please advise **how long episodes were experienced**.

### Management of GI symptoms

If the patient has sought treatment, either from you or from another source, please advise the **diagnosis, investigation/s, referral/s and current medication** taken for management. You may need to **ask the patient** for this information.

If the management was **advice only** e.g. to change diet, please tick the box labelled **'advice only'**. If the patient cannot provide information about management, please tick the box labelled **'unknown'**.

<p>Has the patient experienced heartburn or reflux? <i>(tick all that apply)</i></p> <input type="checkbox"/> Yes - currently <input type="checkbox"/> Yes - over the last 12 months <input type="checkbox"/> Yes - in the past, now resolved <input type="checkbox"/> No → <b>End questions</b> <p>BL83C</p>	<p>If 'Yes' symptoms typically were experienced:</p> <ul style="list-style-type: none"> <li>• Day / night / both <i>(please circle)</i></li> <li>• 1° Symptom * = 1 2 3 4 <i>(see definition on card) (please circle)</i></li> <li>• Duration _____ <i>(hours)</i></li> <li>• Frequency ** = 1 2 3 4 <i>(see definition on card) (please circle)</i></li> </ul>	<p>How severe* are/were the symptoms? <i>(see definition on card)</i></p> <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> very severe	<p>How long were episodes experienced/ since episodes began?</p> <p>_____</p> <p><i>weeks / mths / yrs (please circle)</i></p>	<p>Has the patient sought treatment?</p> <input type="checkbox"/> No → <b>End questions</b> <i>(tick all that apply)</i> <input type="checkbox"/> Yes, please specify <input type="checkbox"/> Self-medication - supermarket <input type="checkbox"/> Self-medication - pharmacy <input type="checkbox"/> Pharmacist/OTC medication <input type="checkbox"/> GP <input type="checkbox"/> Specialist <input type="checkbox"/> Emergency department	<p>If treatment was sought, describe management:</p> <p>Diagnosis <i>(please specify)</i> _____</p> <p>Investigation <i>(please specify)</i> _____</p> <p>Referral <i>(please specify)</i> _____</p> <p>Medication <i>(please specify)</i></p> <table border="1"> <thead> <tr> <th>Name &amp; Form</th> <th>Strength</th> <th>Dose</th> <th>Freq</th> </tr> </thead> <tbody> <tr> <td colspan="4"> <input type="checkbox"/> Unknown    <input type="checkbox"/> Advice only                 </td> </tr> </tbody> </table>	Name & Form	Strength	Dose	Freq	<input type="checkbox"/> Unknown <input type="checkbox"/> Advice only			
Name & Form	Strength	Dose	Freq										
<input type="checkbox"/> Unknown <input type="checkbox"/> Advice only													

**\*Primary (1°) Symptom**

Please categorise the patient's predominant symptom as one of the following:

1 = Heartburn or epigastric pain

2 = Acid regurgitation

3 = Bloating

4 = Belching

**\*\*Frequency of Symptoms**

Please categorise the description that most closely resembles the patient's impression of symptom frequency over the total time they experienced their heartburn or reflux symptoms:

Rating	Criteria
1 = few	Occurring on <25% of days
2 = several	Occurring on ≥25% but <50% of days
3 = many	Occurring on ≥50% but <75% of days
4 = continual	Occurring on ≥75% of days

Adapted from Birbara C, Breiter J, Perdomo C, et al. *Eur J Gastroenterol Hepatol* 2000; Aug 12(8):889-897.

**\*Severity of Symptoms**

Please categorise the description that most closely resembles the patient's impression of symptom severity:

Rating	Daytime	Night-time
1 = mild symptoms	Symptoms are present, but causing little or no discomfort	Symptoms are disturbing, but you immediately go back to sleep
2 = moderate symptoms	Symptoms are annoying, but not interfering with your daily activities	Symptoms are annoying, you remain awake for a short time before going back to sleep
3 = severe symptoms	Symptoms are causing marked discomfort and some interference with your daily routine	Symptoms are disturbing, and you have difficulty returning to sleep
4 = very severe symptoms	Symptoms are disabling, interferes considerably with your daily routine	Symptoms are disabling, you are unable to return to sleep because of discomfort

Adapted from Birbara C, Breiter J, Perdomo C, et al. *Eur J Gastroenterol Hepatol* 2000; Aug 12(8):889-897.