

SAND abstract No. 121 from the BEACH program 2007–08

Subject: Gastrointestinal symptoms and management among general practice patients

Organisation supporting this study: Janssen-Cilag Pty Ltd

Issues: The proportion of patients who have had listed gastrointestinal (GI) symptoms: heartburn or epigastric pain, acid regurgitation, early satiety, nausea/vomiting, bloating, belching; severity of symptoms; the proportion of patients with GI symptoms who had sought treatment and the source of treatment; whether GP was the source of treatment, diagnosis and regimen of medication prescribed/advised.

Sample: 3,293 patients from 112 GPs; data collection period: 4/12/2007 – 21/01/2008.

Method: Detailed in the paper entitled 'SAND Method 2007-08' on this website: <www.fmrc.org.au/publications/SAND_abstracts.htm>.

Summary of results

There were some differences in the age-sex distribution, with fewer patients aged 5–14 years and fewer males (40.0%, 95% CI: 37.3–42.8), compared with all 2006–07 BEACH encounters (43.7%, 95% CI: 42.9–44.5).

Of the 3,293 respondents, 990 (30.1%, 95% CI: 27.0–33.2) had experienced heartburn, reflux or other GI symptoms, and over two-thirds of these patients indicated the problem was current or in the previous 12 months. GI symptoms were significantly more common in the older age groups (40.6% of those aged 65–74 years and 39.5% of those aged 75 years and over). Heartburn or epigastric pain was indicated for 79.3% of 986 respondents, and acid regurgitation for 41.0%. Early satiety was the least common symptom, indicated for only 5.5% of patients. For the majority of patients the severity of GI symptoms was defined as mild or moderate. However, for 20.2% of patients with heartburn or epigastric pain, and for 17.2% of patients with bloating the symptoms were severe.

Of 980 respondents to a multiple response question on treatment, 768 (78.4%) had sought treatment. Of these, 28.5% had sought treatment from a supermarket/pharmacy, and, of 166 supermarket/pharmacy medications recorded, mylanta accounted for 41.0% and quick-eze for 25.9%.

Treatment had been sought from a GP by 654 patients (85.2% of those who sought treatment), and a diagnosis was recorded for 562 of these respondents: 437 (77.8%) were diagnosed with oesophageal disease, and for 89.9% of these patients the management was medication. Esomeprazole accounted for over one-quarter (26.9%) of the 581 initial medications prescribed by the GP, followed by omeprazole (20.7%) and pantoprazole (13.6%).

Medication review status could be calculated for 502 patients. For 296 patients (59.0%) on an initial medication, there was no change after review. Medication was ceased after review for 13 (2.6%) patients. For 104 patients (20.7%), the medication was changed to a new medication after review. Information was available for 308 patients on the approximate number of months into treatment when the initial medication was first reviewed. Of these, 47.4% were reviewed 1 month into treatment with an initial medication.

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AIHW Australian GP Statistics and Classification Centre, 2008. SAND abstract No.121 from the BEACH program: Gastrointestinal symptoms and management among general practice patients: AGPSCC University of Sydney. ISSN 1444-9072

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, reflux or gastrointestinal (GI) symptoms

Please use the tick boxes to advise whether this patient has experienced **heartburn, reflux or other gastrointestinal (GI) symptoms** under the circumstances nominated. Tick as many as apply.

If 'no' you should end the questions here.

If 'yes' to any of the options, please answer the following questions about the patient's symptoms.

Treatment sought

Please advise whether the patient **sought treatment**, either as **self-medication** from a **supermarket** or **pharmacy**, or via specific **advice** from a **pharmacist**.

Please advise the **name** of any medication purchased for treatment of these symptoms, and the approximate **duration** of its usage in **weeks or months** per episode.

Medication

Please write the name and regimen of any **advised or prescribed medication initially** taken by the patient for management of their GI symptoms, and the approximate **duration of its use** (in weeks or months per episode).

If the medication was **changed** for any reason **at review**, please write the same details for the **post review (current) medication** in the space provided.

If **no change** was made to the initial medication, please tick the box labelled 'as above'.

Please also advise the approximate no. of **months** at which the **review occurred**.

If a **review** has **not yet** taken place (e.g. if the patient has recently commenced taking the medication) please tick the box labelled 'n/a' (**not applicable**).

PPI use

If the patient was prescribed a **proton pump inhibitor**, please advise **how often** it was taken **after the first two months** of treatment (even if treatment has since stopped).

If two months has **not yet** lapsed, or a PPI was **never prescribed**, please tick the box labelled 'n/a' (**not applicable**).

Type and severity of symptoms

Please use the tick boxes to indicate which of the **listed symptoms** are/were experienced by the patient and whether they were considered the **primary (1°) (predominant) symptom or a secondary (2°) symptom**. Tick as many as apply

Beside each symptom experienced, please write in a number to indicate the **severity of the symptoms**, where:
1 = mild; 2 = moderate; 3 = severe; 4 = very severe.
(please see definition card in your research kit).

GP management

If treatment was sought from a **GP**, either today or at a previous encounter, please write the **diagnosis** in the space provided.

If the diagnosis is **unknown** (e.g. if the patient previously consulted another GP) please write '**unknown**' in the space provided.

<p>Has this patient had heartburn, reflux or other GI symptoms?</p> <p><input type="checkbox"/> No → End questions</p> <p><input type="checkbox"/> Yes <i>(tick all that apply)</i></p> <p><input type="checkbox"/> Currently</p> <p><input type="checkbox"/> In the past 12 mths</p> <p><input type="checkbox"/> > past 12 mths</p> <p><input type="checkbox"/> Symptoms resolved</p>	<p>If 'yes' symptoms and severity were:</p> <table border="0"> <tr> <td><i>Symptom</i> <small>(tick all that apply)</small></td> <td>1°</td> <td>2°</td> <td><i>Severity</i> <small>(see card)</small></td> </tr> <tr> <td>Heartburn or epigastric pain</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>___</td> </tr> <tr> <td>Acid regurgitation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>___</td> </tr> <tr> <td>Early satiety</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>___</td> </tr> <tr> <td>Nausea/vomiting</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>___</td> </tr> <tr> <td>Bloating</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>___</td> </tr> <tr> <td>Belching</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>___</td> </tr> </table>	<i>Symptom</i> <small>(tick all that apply)</small>	1°	2°	<i>Severity</i> <small>(see card)</small>	Heartburn or epigastric pain	<input type="checkbox"/>	<input type="checkbox"/>	___	Acid regurgitation	<input type="checkbox"/>	<input type="checkbox"/>	___	Early satiety	<input type="checkbox"/>	<input type="checkbox"/>	___	Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	___	Bloating	<input type="checkbox"/>	<input type="checkbox"/>	___	Belching	<input type="checkbox"/>	<input type="checkbox"/>	___	<p>Did the patient seek treatment?</p> <p><input type="checkbox"/> No → End</p> <p><input type="checkbox"/> Yes - supermarket/pharmacy</p> <p>_____ wks/mths <small>(medication name) (duration of use)</small></p> <p><input type="checkbox"/> Yes - with pharmacist advice</p> <p>_____ wks/mths <small>(medication name) (duration)</small></p>	<p><i>(continued)</i></p> <p><input type="checkbox"/> Yes - from a GP</p> <p>The diagnosis was: _____ <small>(please specify)</small></p> <p>GP management was:</p> <p><input type="checkbox"/> Medication → cont.</p> <p><input type="checkbox"/> Advice only → End</p>	<p>Initial GP medication is/was: _____ <small>(medication name & regimen) (wks/mths)</small></p> <p>Post-review medication is/was: _____ <small>(medication name & regimen) (wks/mths)</small></p> <p><input type="checkbox"/> Medication was first reviewed at _____ mths</p> <p><input type="checkbox"/> n/a BL98C <small>(please specify)</small></p>	<p>If a PPI is/was taken, how often was it taken after the first two months?</p> <p><input type="checkbox"/> > once daily <input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> once daily</p> <p><input type="checkbox"/> 5-6 days per week</p> <p><input type="checkbox"/> 2-4 days per week</p> <p><input type="checkbox"/> ≤ once per week</p> <p><input type="checkbox"/> when symptomatic (prn)</p>
<i>Symptom</i> <small>(tick all that apply)</small>	1°	2°	<i>Severity</i> <small>(see card)</small>																														
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