



# Gastroenterología y Hepatología

www.elsevier.es/gastroenterologia



## ORIGINAL ARTICLE

### Implementation and evaluation of early gastroscopy for patients with dyspepsia and warning signs in primary care<sup>☆</sup>

Francisco Javier García-Alonso<sup>a,\*</sup>, María Hernández Tejero<sup>a</sup>, Elvira Rubio Benito<sup>b</sup>, Paz Valer<sup>a</sup>, Iván Guerra<sup>a</sup>, Victoria Gema García Ceballos<sup>b</sup>, Mar Noguero<sup>c</sup>, Victoria Llinares<sup>d</sup>, Fernando Bermejo<sup>a</sup>

<sup>a</sup> Servicio de Aparato Digestivo, Hospital Universitario de Fuenlabrada, Fuenlabrada, Madrid, Spain

<sup>b</sup> Centro de Salud Francia, Fuenlabrada, Madrid, Spain

<sup>c</sup> Centro de Salud Cuzco, Fuenlabrada, Madrid, Spain

<sup>d</sup> Centro de Salud El Naranjo, Fuenlabrada, Madrid, Spain

Received 1 July 2016; accepted 21 October 2016

#### KEYWORDS

Adult;  
Dyspepsia;  
Ambulatory care/economics;  
Ambulatory care/organization & administration;  
Diagnostic techniques of the digestive system;  
Referral and consultation;  
Endoscopy gastrointestinal

#### Abstract

**Introduction:** Dyspepsia is a common disorder in both primary (PC) and specialised care (SC). Gastroscopy is recommended at the start of the study if there are warning signs, although it is not always available in PC.

**Objectives and methods:** We developed a pilot project establishing an early gastroscopy programme for patients with dyspepsia and warning signs in PC, subsequently extending it to the entire healthcare area. The aim was to evaluate the requirements, impact and opinion of this service at the PC level. Demographic, symptomatic and endoscopic variables on the patients referred to SC from the pilot centre were recorded. A satisfaction survey was conducted among the PC physicians.

**Results:** The one-year pilot study and the first year of implementation of the programme were evaluated. A total of 355 patients were included (median age 56.4 years; IQR 45.5–64.3); 61.2% (56.1–66.3%) were women. The waiting time for examination was 1.5 weeks (IQR 1.5–2.5). Gastroscopy was correctly indicated in 82.7% (78.4–86.3%) of patients. The median number of requests per month was 1.1 per 10,000 adults (range 0.8–1.6). Monthly referrals to SC clinics from the pilot centre fell by 11 subjects (95% CI 5.9–16) with respect to the previous median of 58 (IQR 48–64.5). Almost all those polled (98.4%) considered the programme useful in routine practice.

<sup>☆</sup> Please cite this article as: García-Alonso FJ, Hernández Tejero M, Rubio Benito E, Valer P, Guerra I, García Ceballos VG, et al. Implantación y evaluación de una prestación de gastroscopia precoz para pacientes con dispepsia y datos de alarma en Atención Primaria. Gastroenterol Hepatol. 2017. <http://dx.doi.org/10.1016/j.gastrohep.2016.10.004>

\* Corresponding author.

E-mail address: [fj.garcia.alonso@gmail.com](mailto:fj.garcia.alonso@gmail.com) (F.J. García-Alonso).

**Conclusions:** The availability of an early gastroscopy programme in PC for patients with dyspepsia and warning signs reduced the number of referrals to SC.

© 2016 Elsevier España, S.L.U., AEEH and AEG. All rights reserved.

## PALABRAS CLAVE

Adulto;  
Dispepsia;  
Servicio ambulatorio en hospital/  
economía;  
Servicio ambulatorio en hospital/  
organización y administración;  
Técnicas de diagnóstico del sistema digestivo;  
Remisión y consulta;  
Endoscopia gastrointestinal

## Implantación y evaluación de una prestación de gastroscopia precoz para pacientes con dispepsia y datos de alarma en Atención Primaria

### Resumen

**Introducción:** La dispepsia es un trastorno frecuente tanto en Atención Primaria (AP) como Especializada (AE). Se recomienda realizar una gastroscopia al inicio del estudio si existen datos de alarma, aunque su accesibilidad desde AP es variable.

**Objetivos y métodos:** Desarrollamos un proyecto piloto estableciendo una agenda de gastroscopia precoz para pacientes con dispepsia y datos de alarma en AP, ampliándolo posteriormente a toda el área sanitaria. El objetivo fue evaluar los requerimientos, el impacto y la valoración desde AP de esta prestación. Recogimos variables demográficas, sintomáticas y endoscópicas de los pacientes remitidos y las derivaciones a AE desde el centro piloto. Se realizó una encuesta de satisfacción entre los facultativos de AP.

**Resultados:** Se evaluaron el proyecto piloto, de un año de duración, y el primer año de implantación de la agenda, con un total de 355 pacientes (edad mediana 56,4 años; RIQ 45,5-64,3). El 61,2% (56,1-66,3%) eran mujeres. La demora hasta la exploración fue de 1,5 semanas (RIQ 1,5-2,5). El 82,7% (78,4-86,3%) de las gastroscopias fueron indicadas correctamente. La mediana mensual de solicitudes fue de 1,1 por cada 10.000 adultos (rango 0,8-1,6). Las derivaciones mensuales a consultas de AE desde el centro piloto disminuyeron en 11 sujetos (IC 95% 5,9-16), respecto a la mediana previa de 58 (RIQ 48-64,5). El 98,4% de los encuestados consideraron la agenda útil en su práctica habitual.

**Conclusiones:** La disponibilidad de una agenda de gastroscopia precoz en AP para pacientes con dispepsia y datos de alarma disminuye el número de derivaciones a AE.

© 2016 Elsevier España, S.L.U., AEEH y AEG. Todos los derechos reservados.

## Introduction

Affecting up to 38% of the population, dyspepsia is one of the most common digestive conditions.<sup>1</sup> Its estimated prevalence in Spain is 23.9%, and individuals have a 39% chance of experiencing it at some point in their lifetime.<sup>2</sup>

Although not everyone who experiences dyspepsia seeks medical care, approximately 25% will do so at some stage.<sup>3,4</sup> These figures represent a significant burden on the health-care system. In primary care (PC), between 2.1% and 8.3% of all consultations are dyspepsia-related,<sup>5,6</sup> and this proportion has remained unchanged over recent years.<sup>7</sup> Furthermore, it is estimated that 13–24% of patients are referred to Secondary Care (SC),<sup>8,9</sup> which also generates a significant healthcare burden at this level.

The joint clinical practice guidelines issued by the Asociación Española de Gastroenterología [Spanish Association of Gastroenterology] and the Sociedad Española de Medicina de Familia y Comunitaria [Spanish Society of Family and Community Medicine]<sup>10</sup> recommend a test and treat strategy in the initial management of the condition, reserving gastroscopy for patients refractory to symptomatic treatment and for patients who present any of the following warning signs: over the age of 55 years, dysphagia, anaemia, weight loss, frequent vomiting or a physical examination

with pathological findings. One of the problems with this strategy is the lack of access to early gastroscopy in PC,<sup>11</sup> which may lead some physicians to refer these patients directly to SC to avoid delaying the diagnosis of a potentially serious disease.

To confront this problem, we believe that a specific schedule in PC for patients with dyspepsia and warning signs would lead to more effective management of these situations.

## Material and methods

We developed an analytical, prospective and observational study to implement the early gastroscopy schedule (less than one month between requesting the gastroscopy and carrying it out) for patients with dyspepsia and warning signs in PC. The project was approved by the centre's Independent Ethics Committee in 2013.

## Implementation of the early gastroscopy schedule

The pilot project was launched in June 2013 in a single health centre (HC). The referral criteria were adjusted to meet the established recommendations,<sup>10</sup> that is, at least

Download English Version:

<https://daneshyari.com/en/article/8726006>

Download Persian Version:

<https://daneshyari.com/article/8726006>

[Daneshyari.com](https://daneshyari.com)