



Adherence of gastroenterologists to European Crohn's and Colitis Organisation consensus on ulcerative colitis: A real-life survey in Spain

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Abstract

Background & aims: A European consensus on the management of ulcerative colitis (UC) was recently published; however, there is no adequate evidence about adherence to such guidelines among gastroenterologists. This knowledge would allow the local evaluation of the situation and the adoption of actions to reduce the existent clinical variability.

Methods: A cross-sectional survey was conducted in Spain to assess the adherence to the European Crohn's and Colitis Organisation (ECCO) guidelines on mild to moderate UC. We surveyed 700 gastroenterologists, and finally a total of 530 gastroenterologists specialised in inflammatory bowel disease (GSIBDs) and general gastroenterologists (GGs), responded to the survey (76%).

Results: Agreement with the guidelines was high; discrepancies included that only 25% of the GGs used the combination of oral and topical 5-aminosalicylic acid (5-ASA) for treating extensive UC vs 45% of the GSIBDs. In addition, topical rectal steroids were considered as effective as topical mesalazine by 48% of the GGs vs 31% of the GSIBDs, indefinite treatment with 5-ASA was prescribed by only 26% of the GGs vs 41% of the GSIBDs, and the once daily dosing of 5-ASA was generally used by 46% of the GGs vs 51% of the GSIBDs.

Conclusions: The questionnaire showed a high degree of agreement between GGs and GSIBDs. Nevertheless, the GSIBD group showed closer agreement with the ECCO guidelines. Furthermore, some shortcomings were found in the GG group, in which increased maintenance treatment with

Abbreviations UC, Ulcerative Colitis; ECCO, European Crohn's and Colitis Organisation; GG, General Gastroenterologist; GSIBD, Gastroenterologist Specialised in inflammatory Bowel disease; IBD, Inflammatory Bowel Disease; NA, Not Applicable; 5-ASA, 5-aminosalicylic acid; EL, Evidence Level; RG, Recommendation Grade.

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5-ASA, the use of a single daily dose of 5-ASA, and the use of combined oral and topical treatment for distal colitis should be advised.

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1. Introduction

Ulcerative colitis (UC) is a chronic inflammatory disease whose multifactorial aetiology, resulting from the combination of genetic and environmental factors, has not yet been fully established,¹ and which may severely impair patient quality of life.^{2,3} Despite the complexity of the disease, scientific progress in Gastroenterology has allowed the development of new diagnostic procedures and therapeutic approaches.⁴

Medical advances have generated an increasingly extensive scientific literature and have made decision taking more complex raising the possibilities for greater variability in clinical practice. From a scientific view point, Evidence-Based Medicine provides various highly useful tools for patient treatment, including clinical guidelines or consensus documents. In the field of inflammatory bowel disease (IBD), one of the most relevant instruments is the European consensus document on the diagnosis and treatment of UC, supported by the European Crohn's and Colitis Organisation (ECCO). This document is aimed to reduce the differences in clinical practice between different countries⁵ and to promote a consistent approach to management of the disease. The document was prepared by specialists in IBD from 23 European countries and consists of three parts: definitions and diagnosis, current management, and special situations.⁶ Since the document was recently published, no adequate evidence has emerged to assess the extent to which gastroenterologists follow its recommendations.

In order to assess the situation in Spain, and thus be able to design future actions aimed at reducing variability in standard clinical practice, a cross-sectional survey was conducted among Spanish gastroenterologists to assess their understanding of the management of some situations characteristic of mild to moderate UC and the degree of concordance of the medical decisions taken with the current European ECCO consensus guidelines. The gastroenterologists surveyed were divided into two groups: general gastroenterologists (GGs) and gastroenterologists specialised in IBD (GSIBDs).

This manuscript focuses on those medical decisions for which differences were found between the two groups, suggesting the need for improved dissemination of information and for identifying areas where understanding may be inadequate.

2. Materials and methods

2.1. Survey structure

A total of 530 questionnaires were completed. An ECCO consensus-based recommendation was available for 16 of the 27 questions in the questionnaire.

The questionnaire consisted of 27 questions structured in sections related to disease diagnosis and treatment: general data, disease classification and diagnosis, treatment of proctitis, distal colitis, and extensive mild to moderate colitis, corticosteroid-dependent or corticosteroid-refractory conditions, and maintenance treatment.

The questionnaire was designed by the authors, who are gastroenterologists with special dedication to IBD with more than 10 years of experience in this area and who lead IBD units in University Hospitals. To assess understandability, special care was taken to reflect in the questions actual clinical situations in which the guidelines could be applied (see Annex 1 for questionnaire contents).

2.2. Sample size

Assuming a total number of 2200 gastroenterologists (both general and specialised) in Spain, it was established with 95% confidence and 4% sample error (this being considered an acceptable error by the authors) that 538 gastroenterologists would have to be surveyed, assuming the worst case scenario ($p=q=0.5$).

2.3. Survey distribution and follow-up procedures

Participants were allowed two months to complete the survey. Questionnaires were distributed and collected by staff from the Ferring S.A.U. medical department. Data were entered into an Excel spreadsheet (Microsoft Office 2007) and subsequently exported to the SPSS (version 16.0 statistical package) for analysis.

2.4. Statistical analysis

Since all the study variables are qualitative, they have been expressed as frequency (n) and percentages (%) with their corresponding 95% confidence interval (95%CI). A Chi-square test was used for comparisons between groups (GGs and GSIBDs). In addition, as this was a cross-sectional survey, the prevalence odds ratio (POR) was calculated to clarify some of the most significant associations. A value of $p<0.05$ was considered statistically significant.

3. Results

3.1. General and epidemiological data relating to practice in UC

The great majority of the participants in the survey worked in public hospitals (77%), while 3% had private practices, and 16.2% had both public and private practices (Table 1). The questionnaire allowed the physicians to identify themselves as GGs (62%) or as GSIBDs (32%). With regard to the total

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