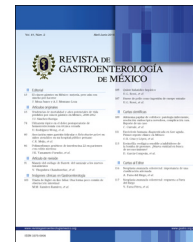




# REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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## ORIGINAL ARTICLE

# How much does the specialist know about cardiogastroenterology? ☆



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### KEYWORDS

Cardiogastroenterology;  
Gastrointestinal bleeding;  
Antithrombotic therapy;  
Medical education

### Abstract

**Introduction and aims:** Cardiovascular disease is a growing public health problem. Forty per cent of the general population will suffer from the disease by 2030, consequently requiring antithrombotic therapy. Cardiogastroenterology is a new area of knowledge that evaluates the gastrointestinal effects and complications of antithrombotic therapy. Our aim was to evaluate, through a validated questionnaire, the knowledge held by a group of specialists and residents in the areas of gastroenterology and internal medicine, about pharmacology and drug prescription, as well as gastrointestinal risks and complications, in relation to antithrombotic therapy.

**Patients and methods:** A validated questionnaire composed of 30 items was applied to a group of specialists and residents in the areas of gastroenterology and internal medicine. The questions were on indications, pharmacology, evaluation of risks for gastrointestinal bleeding and thromboembolic events, and use of antithrombotic therapy during endoscopic procedures. Sufficient knowledge was defined as 18 or more ( $\geq 60\%$ ) correct answers.

**Results:** The questionnaire was answered by 194 physicians: 82 (42%) internal medicine residents and gastroenterology residents and 112 (58%) specialists. Only 40 (20.6%) of the participants had sufficient knowledge of cardiogastroenterology. Residents had a higher number

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of correct answers than specialists (53 vs. 36%,  $P < .0001$ ). The gastroenterology residents had more correct answers than the internal medicine residents, gastroenterologists, and internists (70 vs. 53, 40, and 46%, respectively,  $P < .001$ ). Only residents had sufficient knowledge regarding pharmacology and the use of antithrombotic therapy in endoscopy ( $P < .0001$ ). All groups had insufficient knowledge in evaluating the risk for gastrointestinal bleeding and thrombosis.

**Conclusions:** Knowledge of cardiogastroenterology was insufficient in the group of residents and specialists surveyed. There is a need for medical education programs on the appropriate use of antithrombotic therapy.

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## PALABRAS CLAVE

Cardiogastroenterología;  
Hemorragia de tubo digestivo;  
Terapia antitrombótica;  
Educación médica

## ¿Cuánto sabe el especialista sobre cardiogastroenterología?

### Resumen

**Introducción y objetivos:** La enfermedad cardiovascular (ECV) es un problema creciente de salud pública. El 40% de la población general en 2030 presentará ECV y como consecuencia requerirá terapia antitrombótica (TAA). La cardiogastroenterología (CGE) es una nueva área de conocimiento que evalúa los efectos y complicaciones gastrointestinales de la TAA. Nuestro objetivo fue evaluar mediante una encuesta validada el conocimiento en prescripción, farmacología, riesgos y complicaciones gastrointestinales de la TAA en un grupo de especialistas y residentes de gastroenterología (RG) y medicina interna (RMI).

**Pacientes y métodos:** Se aplicó una encuesta validada de 30 preguntas en un grupo de especialistas y RMI y RG. La encuesta incluyó preguntas de indicaciones, farmacología, evaluación de riesgo de hemorragia gastrointestinal, riesgo trombotico y el uso de TAA durante procedimientos endoscópicos. Se definió conocimiento suficiente como  $\geq 18$  ( $> 60\%$ ) aciertos.

**Resultados:** La encuesta fue contestada por 194 médicos: 82 (42%) RMI y RG y 112 (58%) especialistas. Solo 40 (20.6%) tuvieron conocimiento suficiente en CGE. Los residentes tuvieron un mayor número de aciertos que los especialistas (53% vs. 36%,  $p < 0.0001$ ). Los RG tuvieron más aciertos que los RMI, RG e internistas (70% vs. 53%, 40% y 46%, respectivamente,  $p < 0.001$ ). Solo los residentes tuvieron conocimiento suficiente en farmacología y uso de la TAA en endoscopia ( $p < 0.0001$ ). Todos los grupos tuvieron conocimiento insuficiente en evaluación de riesgo trombotico-hemorrágico.

**Conclusiones:** Existe conocimiento insuficiente sobre CGE en este grupo de residentes y especialistas. Se requieren programas de educación médica acerca del uso apropiado de la TAA.

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## Introduction and aims

Cardiovascular disease is a growing public health problem. It is projected for the year 2030 that 40% of the Western population will present with some form of cardiovascular disease.<sup>1-3</sup> And due to the increase in life expectancy, an increase in the incidence of age-associated comorbidities, which include cardiovascular disease, is also expected.<sup>3</sup> Antithrombotic therapy (ATT) is the cornerstone of cardiovascular disease treatment. With the advent of new antithrombotic medications and the combination of antithrombotic drugs in complex regimens, the gastroenterologist is increasingly exposed to the interactions

between ATT and the gastrointestinal tract.<sup>3,4</sup> Antithrombotic therapy raises the risk for digestive tract bleeding and the combination of numerous antithrombotic drugs in a single patient results in more adverse events.<sup>5,6</sup> In a study on 78,133 patients, Abraham et al. showed that the use of complex ATT brought about a higher number of hospitalizations and transfusions due to gastrointestinal tract bleeding.<sup>6</sup> Likewise, there is greater risk for bleeding with the combination of antithrombotic drugs in complex regimens in patients undergoing endoscopic procedures.<sup>7</sup> The gastroenterologist should have deep knowledge of pharmacology and the use of and indications for antithrombotic drugs. The therapeutic decisions made in patients on ATT must involve an analysis of the balance between the risk for

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