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Problemy gastroenterologii w publicznym systemie opieki zdrowotnej

Gastroenterology issues in the public system of health care

Streszczenie

W systemie publicznej opieki zdrowotnej w Polsce brakuje jednolitych standardów określających zasady współpracy lekarza rodzinnego, lekarza specjalisty oraz lekarza szpitalnego dotyczących zaburzeń gastrologicznych. Aktualnie w środowisku medycznym trwa szeroka dyskusja nad określeniem miejsca gastroenterologii w codziennej praktyce lekarskiej.

Praca ta prezentuje główne cele, zadania i korzyści płynące z wdrożenia kompleksowego systemu opieki w zakresie gastroenterologii oraz najważniejsze problemy ograniczające możliwość szybkiej zmiany tego stanu rzeczy. Praca przedstawia zalecaną strategię postępowania z pacjentami cierpiącymi na takie zaburzenia jak: choroba refluksowa, dyspepsja, choroba wrzodowa, krwawienie z przewodu pokarmowego, nieswoiste choroby zapalne jelit, zespoł jelita drażliwego, choroby przewlekłe wątroby i przewlekłe zapalenia trzustki.

Abstract

The system of public medical care in Poland lacks uniform standards identifying basic principles of cooperation between general practitioners, consultants and hospital physicians within the range of gastroenterology. Presently, the area of gastroenterology in regard to daily health care is widely discussed.

This study focuses on major aims, tasks and advantages of the implementation of comprehensive health care within gastroenterology as well as it reflects most relevant aspects of limitations regarding possible development of the above issues. This work presents recommended strategy for dealing with patients affected with the following diseases: gastric reflux disease, dyspepsia, chronic ulcer disease, gastrointestinal hemorrhage, inflammatory bowel diseases, irritable bowel syndromes, chronic diseases of liver and chronic pancreatitis.

Słowa kluczowe: gastroenterologia, opieka zdrowotna, strategia

Key words: gastroenterology, health care, strategy

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Identification of gastroenterology position within basic health care is complex and difficult to define due to lack of basic and common standards. Nowadays, area of gastroenterology in the field of health care system is widely discussed among doctors. Family physicians, gastroenterologists from patient-out clinics as well as hospital physicians are among those who are mostly involved in the above debates. Those activities aimed at elaborating principles and at implementing system of comprehensive health care [1-3].

Major aims of comprehensive health care

Comprehensive health care based on cooperation between medical specialists and family doctors focuses on providing the following aspects:

Continuous health care

Optimization of hospital resources

Intentional and effective control examinations in specialist outpatient clinics

Major assignments of comprehensive health care

The elaboration of principles and standards for treating diseases of alimentary canal is one of the major objectives of comprehensive health care. Family physicians and medical specialists should reach agreement in the following issues:

- Indication for the necessity of special medical treatment
- Application of present therapeutic options
- Coordination of local routine checkups conducted after specialist treatments [1, 2]

Predictable results of comprehensive health care

Benefits for patients:

- Maintenance of continuous treatment due to the cooperation between family physicians and specialists from out-patient clinics
- Easier access to the local health organizations
- Decrease in hospitalization rate
- Shorter time - period when awaiting medical consultation

Benefits for family physicians:

- Possibilities of more effective and more solid health care
- Attainment of new capabilities and acquisition of gastroenterologist knowledge
- Stronger inter-related action of family doctors and medical specialists
- Decrease in treating expenses due to the more effective selection of patients admitted for specialist treatment

Benefits for medical specialists:

- Implementation of more efficient specialist therapy system including:
  - increase in the amount of time devoted to each patient who requires specialist care
  - stronger inter-relations with family physicians
- Decrease in treatment expenses due to more effective selection of patients undergoing routine checkups
- Problems with implementation of comprehensive medical care
- Deficiency of medical specialists, in Poland there is one gastroenterologist to 200 thousand inhabitants (it is predictable to be 1 per 100 thousand inhabitants), in Great Britain there is 1 gastroenterologist to 225 thousand inhabitants, whereas in Japan there is 1 gastro-enterologist to 25 thousand of inhabitants
- Under-financed health organizations including low payments
- Shortage of medical equipment particularly in the field of endoscopy
- Insufficient contribution of local authorities in the implementation of a new system [1-4].

THE STRATEGY OF PROCEDURES IN MAIN GASTROENTEROLOGICAL DISEASES

Gastric reflux disease

Range of disease:

- Most frequently occurring disease of the gullet
- Each year almost 85 cases of the disease per 100 thousand inhabitants
- Daily occurrence of gastric reflux syndrome reaches 5-10 % of patients

The strategy of procedure – typical symptoms of gastric reflux disease which decrease after alginates or direct administration of medicines inhibiting gastric secretion do not require diagnostic examinations. Most patients might be treated by family physicians without a referral for specialist counseling. A referral for consultation with medical specialist is required in the following cases:

- Persistence of disease symptoms despite a two-month therapy with proton-pumps inhibitors
- Symptoms of the disease occur for the first time above the age of 45
- When the following symptoms appear:
  - Swallowing disorders
  - Painful swallowing
  - Loss of body weight
  - Anemia
  - Symptoms of visible or non-visible hemorrhage from the upper alimentary canal
- Occurrence of non specific symptoms such as: pain in the chest, hoarseness, dry cough, bronchospasmatic signs [1,2,4-7].

After identifying and determining all the recommendations by specialists, patients should stay in medical charge of their family doctors. Patients who suffer from complications of gastric reflux disease such as stenosis and Barrett's esophagus require more frequent visits in specialist clinics.

In case of stenosis, it is necessary to conduct single or multiple endoscopic procedures of esophageal dilatation. After completing endoscopic procedures during the period when dysphagia does not occur, patients should still stay under care of their family physicians. Such patients are required to attend specialist consultations every 6 months. In case of Barrett's esophagus, the specialist consultation is also recommended every 6 months. However, additional routine endoscopic examinations should be also conducted according to the following schedule:

- Barrett's esophagus without dysplasia - endoscopic examination every 3 years
- With low dysplasia - endoscopic examination every year
- With significant dysplasia - endoscopic examination every three months [1,2,4].

Dyspepsia

The range of disease – almost 20% of the population periodically suffers from dyspeptics' ailment.

The strategy of procedure – patients under the age of 45 affected with dyspepsia without any symptoms do not require specialist treatment. A specialist counseling and gastroscopic examination is necessary in the below mentioned cases:

- Non-effective treatment
- When patients are over the age 45
- When the following alarming signs appear: decrease in body weight, stomachache occurring at night, jaundice, hemorrhage, dysphasia, continuous vomiting, tumors in epigastria [1,4-6,8].

Peptic ulcers

The range of disease – most frequently occurring alimentary canal disease; it affects 10-15% of the population.

The strategy of procedure – each patient with signs of ulcer disease should be referred for specialist consultations and have endoscopic examination performed. It refers to the patients with dyspepsia and alarm symptoms as well as to the following issues:

- Stomach ulcers indentified in medical history
- With operation conducted on stomach
- When patients are treated with non-steroidal anti-inflammatory drugs
- Dubious radiologist results
- Strong pain in epigastria which required hospitalization
- In case of patients who are under 45 years of age and deal with refractory symptoms of dyspepsia and have positive results in the non-invasive test for *Helicobacter pylori.*

The performance of endoscopy brings advantages such as:

- Decrease in the number of counseling and possible change of comprehensive medical care
- More efficient treatment
- Decrease in expenses.

Successive medical consultation should take place in the following cases:

- Persistence of clinical symptoms and infection which occurs after completing eradication
- Six-eight weeks after the treatment of stomach ulcer is completed – in order to evaluate the efficiency of therapy
- If ulcers remain, it is necessary to conduct successive endoscopic examination as well as it is recommended to take samples for histopathological tests
- After completing treatment of duodenal ulcer - when it is necessary to continue therapy with non-steroidal anti-inflammatory drugs.

Complications such as hemorrhages or perforations require immediate hospitalization

Hospitalization at the department arranged for treatment of gastrointestinal hemorrhages, decreases the percentage of deaths caused by bleedings from 15% to 5%. After completing the treatment of such complications, it is necessary to follow specialist consultation and repeat successive endoscopic examination in order to evaluate the efficiency of treatment and eradication of *Helicobacter pylori*. In case of continuous *H. pylori* infection – recurrence of ulceration is noted more frequently. [1, 4, 8-10].

Irritable bowel syndrome

It affects 15 %-20% of the population and does not require specialist treatment. Special counseling is recommended with the following indicators of disease:

- First signs of disease appear over the age of 40
- Symptoms of disease occur at night and often wake up patients
- Course of disease continues (since the first symptoms)
- Loss of body weight
- Heavy stool
- Anal hemorrhages
- Anemia
- Increased level of inflammation indicators is observed
- In case of patients with typical IBS signs which do not disappear after the first treatment

Indications for special counseling in case of Inflammatory Bowel Diseases:

- Patients without previous diagnosis who suffer from dysenteric diarrhea
- Recurrence of symptoms despite steroidal and mesalazine treatment
- Recurrence of symptoms which appear within 6 months after steroidal treatment is completed
- After hospitalization within the period of 2 – 6 weeks
- Periodical routine counseling (depending on the remission period) taking place every 6 or 12 months
- Routine colonoscopy recommended as onological control should be conducted every 3rd year - in case of patients with entirely affected intestine and with medical history background longer than 10 years [1,4,10,11].

Diseases of the liver

- Patients should receive a referral to a specialist clinic in the following cases:
- Inappropriate results of liver activity, except of Gilbert's syndrome and isolated increase of GGTP
- Sudden deterioration of the clinical state including complications
- Complications such as bleedings from esophageal varices, liver failure, ascites or spontaneous peritonitis require hospitalization or continuous treatment in an out-patient clinic.

Practical guidelines:

- Asymptomatic decrease in the level of bilirubin and GTP – it is recommended to evaluate results once again and do not give a referral
- Asymptomatic non-significant change of the transaminase level twice below the appropriate values – it is recommended to repeat the examination after the period of abstinence or after the medicines have been taken; if the inappropriate results repeat – patients should receive a referral for consultation
- In case of double increase in the level of ASPAT or ALAT activity concurrent with significant symptoms, patients should be immediately admitted to a specialist clinic [1,2,4,11]
- Chronic pancreatitis.

Special medical consultation is recommended in the following cases:

- In case of every new patient
- In case of patients with diagnosis based on continuous or recurrent pain which appears despite substitution and dietary therapy
- Loss of body weight and diabetes
- In order to follow control, routine consultation should primarily take place every 4-6 weeks, and subsequently (when the health condition is stable) every 3-6 months (1-4).

The information given above offers some suggestions which might contribute to better cooperation between family physicians and gastroenterologists, influence the efficiency of out-patient medical clinics and decrease the costs

of therapies. Most of all, it aims to improve health care. The aspects of comprehensive health care need to be further discussed and studied in details.

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