What General Practitioners Know about Irritable Bowel Syndrome. Preliminary Data from a Romanian Province

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Abstract

Background and aim. Irritable bowel syndrome (IBS) is a common disorder in Romania, managed frequently by General Practitioners (GPs). It is necessary to assess the knowledge of GPs on IBS. A preliminary investigation was carried out in two Romanian counties.

Methods. One hundred GPs were invited to a two hour, free, updating course on IBS. The participants were asked to fill a questionnaire before and after the course which comprised questions about medical experience, demography, and several multiple-choice questions about GPs’ opinions and awareness. The final question assessed the estimated prevalence of IBS in the practice.

Results. Full responses to both questionnaires were obtained from all attending GPs (n=88). They were 25 males: 63 females, with working experience between 3 and 41 years (mean±SD: 24±11). Apart from 2 (2.4%) who indicated that IBS is a motility disorder (opinion revised after the course), all other GPs considered IBS as a functional disorder. All (100%) opted for the necessity of colonoscopy to diagnose IBS. 98.8% indicated the use of Rome II criteria for the diagnosis of IBS (this survey was done before the availability of Rome III but their advent was mentioned). All (100%) had participated in previous lectures or courses on IBS. 58 (66%) reported the prevalence of IBS in their practice between 1-10%; 16 (18%) between 10-25%; 11 (12.5%) between 25-33%; 3 (3.5%) reported <1%.

Conclusions. The investigated GPs seem to be well trained in recognizing IBS. The majority (66%) estimated the prevalence of this condition as 1-10% in their practice.

Key words

Family medicine - general practice - irritable bowel syndrome

Introduction

Irritable bowel syndrome (IBS) is a common functional gastrointestinal disorder with a high worldwide prevalence, including Romania. A recent survey showed that about 2% of the subjects enrolled on the records of GPs have diagnosed IBS (1). In Jassy county, North-Eastern Romania, the prevalence of IBS was estimated to be 17% (2). Up to 10-20% of the general population may suffer from IBS (3) and 30% of digestive complaints referred by GPs to tertiary centers, have IBS (4). There may be epidemiological differences between different geographical areas (5) and these can be due to cultural peculiarities (6). There are no previous data on the awareness of Romanian GPs about IBS. It is therefore necessary to assess the knowledge of GPs about IBS and to find out how they diagnose this condition.

Methods

Subjects

One hundred GPs were invited in May 2006 to a two hour course on IBS. Invitations were transmitted personally to the targeted audience. The GPs were not selected by any criteria but invited according to the proximity of their practice to the venue of the course. The sampling area is represented by two neighboring counties in Central Transylvania, one having a university medical center, the other without.

Protocol

The course was organized in two venues situated at 100 km distance; to each 50 GPs were invited. The content of the course was identical in both locations and the lecture was given over two consecutive days. The course was given by an expert and was free of charge. The course included data on epidemiology, pathogenesis, diagnosis and therapy. All attendants were asked to fill a questionnaire immediately before and after the course.

The questionnaire

The questionnaire comprised two parts. Part 1 was administered immediately before the course; Part 2 was...
administered immediately after the course. The questionnaire included personal data of attendants to allow matching of part 1 and 2 of the questionnaires. Additional items included the number of working years as a GP, age and gender; it included also several multiple-choice questions about the pathogenesis of IBS, the diagnostic procedure and the prevalence of IBS in their practice. The questionnaire is presented in Appendix 1 (Part 1) and Appendix 2 (Part 2).

Statistics
Data analysis included descriptive statistics (mean, standard deviation, percents) calculated with a commercially available statistical package.

Ethical issues
Before the administration of the questionnaire, the physicians were informed about the purpose of this survey and about the confidentiality of the data processing. Consent was obtained by all participants.

Results
Demographic data of attending GPs
From the 100 invited physicians, 88 GPs attended the course: 36 in one venue, and 52 in the other. Full responses to both questionnaires were obtained from all 88 GPs. The non-attending 12 physicians did not offer any explanation for their absence.

The respondents consisted of 25 (28%) males and 63 (72%) females, with working experience between 3 to 41 years (mean ± SD: 24 ± 11 years). This sample can be considered as representative for the current gender composition of Romanian GPs, where the majority are females. Their work experience, covers the spectrum of the age of Romanian GPs (cf. discussion with the administrators of the GP professional society).

Questionnaires
Responses of the GPs: Part 1
Pathogenesis of IBS
Apart from 2 (2.4%) who indicated that IBS is a motility disorder, all GPs considered IBS as a functional disorder. None considered IBS a psychiatric disorder.

Diagnosis of IBS
All 88 physicians (100%) opted for the necessity of colonoscopy to diagnose IBS and none considered that the diagnosis of IBS could rely on the patient’s history or on the personal experience of the physician.

All interviewed physicians used diagnostic criteria for IBS, and all but one (98.8%) had been using the Rome II criteria for the diagnosis of IBS. One stated he used Rome III criteria (this survey was done before the availability of Rome III).

As a consequence, 87 from 88 GPs (89.8%) answered the multiple-choice question about the type of diagnostic criteria used. All of them ticked the Rome II criteria. The wrong answer Rome III in part 1 of the questionnaire was thus corrected. At the question: do you know the Rome criteria? , all answered: yes.

The last item offered the possibility of the subjects to express the wish of what else they want to know about IBS. This item remained blank on all forms.

Responses of the GPs: Part 2
Pathogenesis of IBS
The two erroneous answers of the physicians which considered IBS as a motility condition were corrected at the end of the second course. We obtained a unanimous answer: IBS is a functional disorder.

Diagnosis of IBS
After the course, two of the physicians (2.4%) changed their mind and answered that IBS can be diagnosed according to the patient’s history. None of the investigated physicians established the diagnosis of IBS empirically, solely on personal experience. The response alternative: other, was not ticked.

With regard to the question about the use of diagnostic criteria for IBS, one (1.2%) changed the answer into: no. As a consequence, 87 from 88 GPs (89.8%) answered the multiple-choice question about the type of diagnostic criteria used. All of them ticked the Rome II criteria. The wrong answer Rome III in part 1 of the questionnaire was thus corrected. At the question: do you know the Rome criteria? , all answered: yes.

The last item offered the possibility of the subjects to express the wish of what else they want to know about IBS. This item remained blank on all forms.
There were no differences in respect to the IBS approach comparing the answers of GPs living in the county with a university hospital (where the information is expected to be better) than in the county without a university hospital.

**Discussion**

The present pilot study is the first survey of the knowledge of GPs regarding IBS in Romania. In other countries such as in the United Kingdom there is the impression that GPs do not consider IBS as a serious disease compared with more threatening or painful conditions (7).

Our data showed that Romanian GPs are familiar with IBS and have attended lectures about this disorder. They have a correct perception of the pathogenesis of IBS, which demonstrates that the subjects of this survey have been well trained in the field of functional gastrointestinal disorders. In an earlier study carried out in the UK, the GPs were unfamiliar with the Manning criteria for IBS (8). Nevertheless, most of them diagnosed IBS with reasonable confidence and the diagnosis of this had proved less troublesome to them than pelvic pain, headaches or backaches. Their main concern was to exclude organic conditions. They also ordered few tests and were more frequently prepared to make the diagnosis on the initial visit. They referred few IBS patients to specialists, in most cases because of lack of satisfaction of the patients (8). A disparity between patient and GP perception regarding the nature, severity and consequences of IBS in primary care, leading patients to perceive this interaction as one of dissatisfaction was also reported in another survey (9). This is despite the fact that GP management of IBS mostly meets patient's expected concern centered on the etiology, diagnostic criteria and dietary advice. The disparity seems to lie with the physician, who needs to provide more trust, knowledge, and sympathy, create rapport and be forthcoming with information, while keeping information simple and understandable (9).

Many GPs are able and confident with the diagnosis of IBS without the need to request supplementary investigations: however they prefer a colonoscopy to rule out organic conditions. In a previous reference study, the GPs were confident that they can diagnose IBS with less difficulty than other common, painful disorders, but it would be helpful to find out exactly how they do so (8). Using diagnostic criteria would improve the accuracy of the diagnosis established by GPs. In this case, only a minority of patients would need to be referred to secondary or tertiary centers, i.e. those patients who have high anxiety or intense symptoms.

Primary care practice based diagnostic evaluations for IBS differ significantly from the specialty expert opinion-based guidelines. Implementation of the specialty guidelines in primary care practice would increase utilization with apparent limited improvement in diagnostic outcomes (10).

All the present physicians answered the questionnaires, none declining. Thus there was a very good response rate from the GPs: 100% among the 88 attending physicians. This is due to the fact that the subjects were on site. In a study using a mailed questionnaire, the response rate was only 47% (11).

Patients and GPs have different perceptions of the efficacy of diagnostic and dietary interventions in IBS. GPs should explore the patients’ expectations and incorporate these in their approach to IBS patients (11). An unsatisfactory perception of IBS and generally of the functional gastrointestinal disorders has been described also in the past (12,13) and not only by GPs but also by gastroenterologists (14). Given the fact that most of the IBS patients first visit a GP, it is very important for them to have been trained well in the approach to functional gastrointestinal disorders.

Colonoscopy is seen as very important for Romanian GPs, despite the fact that after the courses the need for colonoscopy was not considered as much a priority. It is the belief in our area that colonoscopy is the first step in order to rule out organic diseases, and this can be seen in the attitude of the gastroenterologists also (15). In Europe, where colonoscopy is cheaper than in USA, this conception is more widespread than in North America.

Almost all of our subjects used the Rome II criteria for the diagnosis of IBS: none used the Manning, Kruis and Rome I criteria. This means that GPs are well trained in diagnostic procedures and are able to correctly identify this condition. It also means that the Rome II criteria for diagnosis and classification of functional gastrointestinal disorders (17) has become an international standard.

The frequency of IBS roughly estimated in the practice of the physicians investigated is less than 10% (fig 3). This report is consistent with our previous data showing that IBS in Romania has a lower prevalence than in Western countries. A similar prevalence was reported in Israel (18).

Our questionnaire did not focus on the therapy of IBS. We consider that diagnosis is important in IBS, allowing a comprehensive therapy, and that the correct of assessment of the skills of GPs to diagnose IBS is very important and is a premise for good therapy.

The course seemed to have a role in changing the conceptions of some attendants in respect to the pathogenesis and diagnosis of IBS. The sample of physicians who participated in either of the two courses had been previously exposed to lectures on IBS. Even after frequenting previous lectures on continuing medical education, there are still opportunities to change previous knowledge or conceptions. The GPs may represent the first line in the fighting of IBS, based on a correct diagnosis and on qualified management. In further studies, it would be important to try to compare the outcome of similar questionnaires on IBS across different European countries.

**Conclusions**

The Romanian GPs included in this survey seem to be well trained in recognizing IBS. They had attended previous lectures on IBS.
The majority of GPs report the prevalence of IBS between 1-10% in their practice.

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References

1. Dumitrascu DL, Nedelcu L, Balan A, Nechifor D. IBS in Romania (abstr.). World Congress of Gastroenterology, Montreal 2005

Appendix 1

Part 1 of the questionnaire, filled before the course:

Initials: sex : age: experience as GP:
- What is in your opinion IBS?
  - A motility disorder
  - A functional disorder
  - A psychic disorder
- How do you establish the diagnosis of IBS?
  - Based on history
  - Based on personal experience
  - Based on colonoscopy
- Other way: explain
- Do you use diagnostic criteria for IBS?
  Yes/No
  - If yes, which one:
    - Manning
    - Kruis
    - Rome I
    - Rome II
    - Rome III
- Do you know the Rome criteria for IBS?
  Yes/No
- Have you participated to courses, symposia, and other CME activities about IBS?
  Yes/ No
  - How frequently do you encounter patients with IBS?
    - < 1% in my practice
    - between 1-10% in my practice
    - between 11-25% in my practice
    - between 25-33% in my practice
    - > 33% in my practice

Appendix 2

Part 2 of the questionnaire, filled after the course:

Initials: sex : age: experience as GP:
- What is in your opinion IBS?
  - A motility disorder
  - A functional disorder
  - A psychic disorder
- How do you establish the diagnosis of IBS?
  - Based on history
  - Based on personal experience
  - Based on colonoscopy
- By other way: explain
- Do you use diagnostic criteria for IBS?
  Yes/No
  - If yes, which one:
    - Manning
    - Kruis
    - Rome I
    - Rome II
    - Rome III
- Do you know the Rome criteria for IBS?
  Yes/No
  - What would you like to know more about this topic?