DIGESTING THE FACTS:

What people are thinking about their digestive health

Ten percent or more of a GP's working life can be spent in consultation with patients with digestive disorders, yet this may not reflect the real extent of digestive problems in the UK. Although the majority of people in the UK can name the key parts of their digestive system, few people know the indicators of positive gastrointestinal (GI) health, how they can look after their own digestive system and what symptoms necessitate a consultation. This report examines two new pieces of research that underscore the need for improved communication around digestive issues, among both patients and GPs, and provides expert advice on changes that could improve the management of digestive disorders in primary care.

A report produced by Core, the UK’s only charity to fund research into gut, liver, intestinal and bowel illnesses, in partnership with Danone.
DIGESTIVE DISCOMFORT DEMANDS OUR ATTENTION

Digestive disorders can significantly impact patients’ quality of life⁴ and account for more than 10% of the work of GPs, yet this figure may still be inaccurate, as this research suggests that many patients (41% [403/984]) have never visited their doctor specifically to discuss their digestive problems.³

Lack of consultation may, in part, be due to the fact that patients are confidence self-managing the symptoms. However, it may also reflect the fact that digestive health remains a relatively low priority for many patients when considering their overall wellbeing. As a result, patients may not understand what constitutes normal digestive function, or the symptoms that may suggest a more serious digestive condition, and therefore simply not know when to seek help.

These issues have been clearly illustrated by two new pieces of research among the general public and GPs, details of which can be found in this report.² ³

One of the most striking findings is that, while serious ‘red flag’ symptoms are being confidently managed in primary care, the less serious but more frequently presenting symptoms of digestive discomfort, such as bloating and flatulence, are areas where GPs would welcome further guidance relating to appropriate management options.³

To help address these concerns, Core, in partnership with Danone, has been working with a group of experts in the field to determine the barriers to appropriate GP intervention, how digestive disorders can be better understood and what further advice is needed for both the public and GPs. The report coincides with Core’s 40th anniversary this year. Working together, we hope to alleviate the burden of digestive disorders in society today.

Roger Jones  
Chair of Core

DR. ROGER JONES
Chair of Core, Emeritus Professor of General Practice at King’s College London School of Medicine and President of the Primary Care Society for Gastroenterology

DIGESTIVE KNOWLEDGE vs. UNDERSTANDING

Many people in the UK simply don’t think about their digestive system when it comes to overall health and wellbeing, according to new research conducted by YouGov. While the majority of the UK population can correctly identify the key components of their digestive system, many are not confident to differentiate between minor and more serious gastrointestinal symptoms that should motivate them to seek a consultation with their GP.

In broad health terms, people are more likely to think about their weight (75%), teeth (55%), sleep (55%) and heart (51%) ahead of their digestion (41%), despite the fact that nearly half (43%) of the UK population experience some form of digestive discomfort, according to the findings of the YouGov survey (n=2287).³ Men, in particular, are more likely to ignore their digestive health, especially those aged 35-44.⁴

The most frequently experienced digestive symptoms in the UK include abdominal pain/discomfort (63% [69/984]), followed by diarrhoea (55% [54/984]), flatulence (53% [52/984]), bloating (51% [50/984]), flatulence (44% [43/984]) and constipation (44% [43/984]).¹

In most cases, people reported that their symptoms were manageable or resolved without the need for a GP consultation – potentially explaining the reason why 41% (403/984) of people have never visited their doctor for advice on digestive complaints.³

Some 18% (72/403) of the population who experience digestive discomfort avoid visiting their GP as they don’t think the doctor could help, while 5% (20/403) of people don’t want to talk about their digestive problems.⁹

Fig 1

Have you ever been to the doctor specifically to discuss your tummy problems? ²

Yes 59% 43%
No 35% 56%
Don’t remember 6% 11% ¹

43% of the UK population have experienced tummy problems, yet 41% have never visited a doctor specifically to discuss their tummy problems.⁸

Fig 2

You have said you have suffered from tummy problems. Which of the following have you suffered from? ²

41% of the UK population have experienced tummy problems with abdominal pain/discomfort (63%), bloating (47%) and flatulence (47%).²

Consumer research findings ³

• Over 80% of people can correctly identify the primary components of the digestive system.

• Almost a quarter (24% [54/2287]) of people never think about looking after their digestive system.

• Women are more likely than men to consider digestion as part of their overall health (46% vs 36%).

• Of the 43% (984/2287) who have experienced digestive discomfort, women experience more constipation than men (53% vs 32%), more bloating (62% vs 41%), flatulence (47% vs 41%) and tummy pain (67% vs 58%).

• Of the 43% (984/2287) who have experienced digestive discomfort, 41% (403/984) have never visited a doctor – rising to 61% of those aged 25-34.

"This research shows that people really don’t pay enough attention to their digestive health and illustrates our concerns that people may not recognise or may ignore the symptoms of serious digestive disorders until it’s potentially too late. This may be particularly true for men, who appear to pay far less attention to their digestive health than women. "

Dr. Anton Emmanuel

Chief Executive of Core and the British Society of Gastroenterology

Received funding from the following organisations for the purpose of this report: The British Society of Gastroenterology, University of Nottingham, University College Hospital, University of London.

All survey data presented on page 3 of this report are based on results of the YouGov online survey involving a nationally representative sample of 2,287 adults (aged 18+ years)
MINOR SYMPTOMS, MAJOR CONCERNS?

GP research findings

- The most common GI symptoms presenting to GPs are heartburn, gastro-oesophageal reflux disease, indigestion, abdominal discomfort, constipation and diarrhoea.
- The conditions most frequently diagnosed by GPs are irritable bowel syndrome, gastritis, gastroliths, diverticulitis and peptic ulceration.
- Some 46% (234/508) of GPs believe they see significantly more women than men with digestive health issues.
- When it comes to seeking help for difficult problems in GI patients, 65% (330/508) would consult a colleague, 31% (157/508) would refer patients to a gastroenterologist, while 22% (112/508) would refer a patient to a dietitian.

GP research findings

- GPs can confidently deal with the symptoms of major digestive disorders, according to new research conducted by Medeconnect.
- However, GPs feel less confident when dealing with the minor symptoms, like bloating and flatulence.

On a day-to-day basis, the most common digestive symptoms for which patients consult with their GP are heartburn, indigestion, abdominal discomfort, constipation and diarrhoea – closely correlating with the most often experienced digestive complaints according to the YouGov research.

A high proportion of GP consultations involve digestive health.

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When it comes to minor digestive disorders, patients often find it hard to accurately describe what they are experiencing. Minor symptoms, such as bloating and flatulence, are not always well defined in the literature either, which may contribute to the concerns GPs have managing these GI issues. It is also worrying that patients with more serious symptoms, such as rectal bleeding, may only be presenting late.

DIET, NUTRITION & DIGESTIVE HEALTH

Poplar dietary changes that people are likely to consider when thinking about their diet and health include increasing their fibre intake (41% [938/2287]), eating five portions of fruit and vegetables per day (38% [860/2287]), following a low-fat diet (31% [680/2287]), taking a probiotic every day (10% [229/2287]), avoiding gluten (3% [67/2287]) and avoiding dairy products or processed foods (<4% [91/2287]).

Perhaps surprisingly, among those who suffer from digestive discomfort, some 74% of women and 63% of men avoid food that they enjoy if they think it may trigger digestive discomfort.

Attitudes to diet and wellbeing also reflect some specific gender and age differences more men than women (37% vs 22%) and a larger proportion of 18 to 34 year olds exercise regularly (18-34 years: 38%, 35-44 years: 32%, 45 years and over: 32%), while women and those aged 45 and over are more likely to focus on their diet.

People with digestive discomfort could also benefit from additional advice that wasn’t just around exclusion of foods known to exacerbate their symptoms, but positively helped their digestive health, for example, regular exercise, eating smaller meals, and adding in additional foods such as more fruit and vegetables, and potentially a probiotic.

Understanding probiotics

- Probiotics are ‘live micro-organisms which, when ingested in adequate amounts, confer a health benefit on the host.’
- For probiotics to deliver any kind of health benefits they must remain viable for the shelf life of the product, be able to survive the gastrointestinal transit in sufficient quantities and have a proven health benefit as demonstrated by clinical trials.
- Probiotics have been shown to improve GI wellbeing through improving digestive symptoms and health related quality of life in patients with minor digestive symptoms.
- Several trials of probiotics in patients with IBS have shown beneficial effects.
- Clinical evidence from one probiotic strain or probiotic product cannot be extrapolated to others.

Fig 4 Are there any non-red flag GI symptoms you feel a bit lost in managing? If yes, please provide examples

Specific symptoms GPs have difficulty managing

- Bloating
- Flatulence
- Abdominal pain
- IBS/IBD
- Non-response to treatment
- Vague abdominal pain
- Nausea
- Diarrhoea
- Other

Fig 5 How do you look after your tummy

Looking after digestive health

- I make sure I eat enough fibre
- I have five portions of fruit and vegetables every day
- I exercise regularly
- I follow a low-fat diet
- I take supplements
- I take a probiotic every day
- I avoid gluten
- I don’t think about looking after my tummy
- Other

I don’t think many things that patients can do to support their digestive function. It’s not all about modifying the diet — although this can undoubtedly help. Exercise, the time you eat, how much you eat, even where you eat are all important factors that can affect how your digestive system operates.

Prof Chris Hawkey

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Fig 6 What do you recommend to your patients presenting with non-red flag GI symptoms?

What GPs recommend to patients with minor symptoms of digestive discomfort

- Change in diet
- Prescribed medicine
- Exercise
- Eliminating certain types of food
- Eating food such as a probiotic yoghurt
- I don’t recommend anything in particular
- Other

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Everyday Digestive Health: Advice for patients

Learn
Learn to understand your digestive system — keep a food diary, be aware of your bowel habits, think about how the food you eat impacts on how you feel and start to recognise specific triggers that may lead to digestive discomfort.

Listen
Listen to your own body — everyday symptoms such as stomach rumbling, discomfort, bloating or constipation could be important signals that may indicate changes to your digestive system.

Look
Look out for things like altered bowel habit, blood in stools, distension that doesn’t go away overnight — please refer to the minor or major symptoms checklist on the opposite page.

Live
Live — remember there are things you can do that may help you to improve digestive function, like eating regular meals, taking time to eat, avoiding eating large meals late at night, taking regular exercise, drinking two litres of fluid per day, eating five portions of fruit and vegetables a day, or taking a probiotic.

Minor or Major Digestive Symptoms Checklist

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>MANAGE IT YOURSELF*</th>
<th>HOW?</th>
<th>SEE YOUR DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heartburn/Indigestion</td>
<td>Mild or occasional</td>
<td>Discuss antacids or acid blockers</td>
<td>Moderate or severe symptoms</td>
</tr>
<tr>
<td></td>
<td>Responds to antacids</td>
<td>Avoid eating late meals, smoking,</td>
<td>New symptoms, especially if over 60</td>
</tr>
<tr>
<td></td>
<td>or acid blockers</td>
<td>excess bending, lying flat, excess alcohol</td>
<td></td>
</tr>
<tr>
<td>Flatulence and bloating</td>
<td>Windy feeling</td>
<td>Reduce fibre intake (bran, wholemeal bread)</td>
<td>Actual distension of the abdomen (tummy) that is of sudden onset, severe or progressive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduce fruit and veg (3 a day may be too much for some people). Some people find that trying a probiotic may relieve bloating</td>
<td></td>
</tr>
<tr>
<td>Abdominal (tummy) pain</td>
<td>Long-standing, ocasional or mild</td>
<td>De-stress if stress related</td>
<td>New onset</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Try treatments for indigestion or flatulence (above)</td>
<td></td>
</tr>
<tr>
<td>Passing blood</td>
<td>Only on the toilet paper</td>
<td>If your bottom is painful too, it may be piles. Are you constipated? You may need more fibre and more liquid intake</td>
<td>Mixed in the stools</td>
</tr>
<tr>
<td>Acute, short-lived diarrhoea</td>
<td>Short-lived</td>
<td>Gastroenteritis? Slight but stay hydrated</td>
<td>Severe, with more than 6 bowel movements per day, abdominal pain or significant thirst, dizziness or light-headedness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss with a pharmacist</td>
<td>More than 3 bowel movements per day with liquid stools Bloody diarrhoea</td>
</tr>
<tr>
<td>Chronic, long-term diarrhoea</td>
<td>Up to 3 bowel movements per day</td>
<td>This is normal</td>
<td>Discuss with a pharmacist</td>
</tr>
<tr>
<td>Changes in bowel movements</td>
<td>Anything between 3 times per day to once every 3 days is normal</td>
<td>Are you constipated? You may need more fibre and more liquid intake</td>
<td>More severe changes, especially if new</td>
</tr>
<tr>
<td>Difficulty in swallowing</td>
<td>Mild or occasional</td>
<td>This can be due to stress – de-stress if stress related</td>
<td>Moderate or severe symptoms</td>
</tr>
<tr>
<td>Unexplained weight loss</td>
<td>Short-lived weight loss</td>
<td>Eat a balanced diet Stay hydrated</td>
<td>If you continue to lose weight while eating a healthy balanced diet</td>
</tr>
</tbody>
</table>

People need more information in order to be able to manage their own health issues and to understand why taking responsibility for their own minor ailments is the best option for them.

Minor health problems account for nearly one fifth of a GP’s workload, equating to around 57 million consultations per year. Some 14% of the drug budget is spent dealing with the management of gastrointestinal disorders in general practice.

Improving the understanding of digestive health symptoms and of the potential for greater use of non-drug therapies could therefore free up a significant amount of GP time and budget in primary care.

The Medeconnect and YouGov research highlighted in this report draw attention to a fundamental issue facing digestive disorder management in the UK – people’s potential inability to determine when it’s appropriate to see their GP. Commenting on the research findings, Dr Jamie Dalrymple noted: “There is currently an imbalance between the large number of patients consulting their GP with digestive symptoms, many of which could be self-managed, and patients with serious symptoms who may have initially been reluctant to consult.”

To help people understand and manage their digestive disorders, the Expert Awareness Group is working on a new informative educational aid that will feature on the Core website later on this year. The aid has been designed to assist patients and GPs during digestive health consultations.

* But see your doctor if self management doesn’t bring relief.

Disclaimer: Please note that the opinions expressed in the table above are the personal views of some members of the Expert Awareness Group.
References


3. Medeconnect. Online survey carried out in June and July 2010 involving a nationally representative sample of 508 GPs of all grades who were members of Doctors.net.uk. Data on file.


