

Original Paper

Problems with the Monitoring of Patients with Colonic Polyps

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REZUMAT

Probleme de monitorizare a pacientului cu polipi colonici

Lucrarea reprezintă un studiu statistic retrospectiv, care se desfășoară pentru perioada 1 ianuarie 2010-31 decembrie 2014. Acest studiu cuprinde monitorizarea pacienților aflați în evidență cu polipi colonici, la nivelul a 4 cabinete de medicină de familie, 2 din rural și 2 din urban. Au fost analizate fișele pacienților, registrele de consulatății și s-a efectuat un chestionar al pacientului. Am introdus întrebări simple, cu răspunsuri scurte tipărite pentru ca pacientul să aleagă ce consideră. De asemenea au existat 2 întrebări unde pacientul a trebuit să răspundă în scris. Menționăm că s-au respectat toate problemele legate de confidențialitate. În urma efectuării acestui studiu putem spune că există probleme mari de monitorizare a pacienților cu polipi colonici care diferă față de literatura de specialitate

Cuvinte cheie: monitorizare, polipi colonici, medicină de familie

ABSTRACT

This paper is a retrospective statistical study, carried out for the period 1 January 2010-31 December 2014. This study includes the monitoring of patients recorded with colonic polyps, within the area of 4 family physician practices, 2 in the rural area and 2 in the urban area. Patient files and check-in records were analyzed and a simple questionnaire was given to the patients. We introduced simple questions with short answers, printed, for the patients to choose the answer they believe to be accurate. There were also two questions where the patient had to respond in writing. Note that we complied with all the confidentiality requests. As a result of this study we can say that there are big issues with the monitoring of patients with colonic polyps which differs from the literature.

Key words: monitoring, colonic polyps, family medicine

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INTRODUCTION

Colorectal neoplasm ranks third in incidence and 4th among the most common causes of cancer death worldwide. In Romania, Arad, of all digestive cancers, colorectal cancer is the No. 3, both in incidence – in both men and women - and mortality. Colorectal cancer incidence is estimated to be 10.1 / 100,000 inhabitants in men and 7.3 / 100,000 inhabitants in women. This paper is a retrospective statistical study, carried out over a period of 5 years. This study includes the monitoring of patients recorded with colonic polyps, within the area of 4 family physician practices. This study was conducted because there was a decrease of addressability (adherence) of patients recorded with having colonic adenomatous polyps. (1)

MATERIAL AND METHODS

The study period was 1st of January 2010-31st of December 2014. During this period we analyzed patient files and check-in records and we gave the patients a simple questionnaire. 4 family physician practices, were chosen, 2 in the rural area and 2 in the urban area identifies as MF R1, MF R2, MF U1 and MF U2. We identified patients who were diagnosed with colonic polyps in order to monitor them. According to the Colon Cancer Management Guide (Order no. 1221/2010 and Order no. 1216/2010) 12.29.2013 / Ministry of Health, colorectal cancer screening comprises of: administering tests for occult blood hemorrhages, and after the test results came back positive, a total colonoscopy is conducted. This is an essential method to diagnose but also to carry out the treatment of precancerous lesions. For patients who were identified with dysplastic polyps, the period for undergoing the colonoscopy control is 1 year and then repeated every 3-5 years. This is why we wanted to see what are the reasons in a decrease in addressability (adherence) of patients diagnosed with dysplastic polyps. During regular medical checks, a questionnaire which included 8 questions was carried out. The first questions were answered by ticking off the answer they believe to be accurate and questions 7 and 8 needed to be provided with a written response. Given the legislation regarding patients' rights confidentiality was taken very seriously.

RESULTS AND DISCUSSION

For each year studied there were identified between 66 and 69 patients diagnosed with colonic polyps. It is worth mentioning that in each family medicine practice there are an estimated 2,000 patients. Differences in the annual number of cases with polyps vary due to the emergence of new cases, deaths and due to the transfer of patient to another doctor. We studied the cases both in urban and in rural areas. (Fig. 1). We can observe a higher incidence, of 64%, in urban than in rural areas where there are only 36%. The differences from year to year in terms of total number of cases with colonic polyps occurred because of the following three reasons: new cases, transfer to another GP, death, observed in Table 1.

At the same time a survey was conducted to monitor patients for addressing periodic medical check-ups. The questionnaire included the following questions:

1. Do you drink alcohol? Answers: a) no, b) 25g / day, c) 50g / day, d) 100g / day or more;
2. Do you smoke? Answers: a) no, b) 5tg / day, c) 10 tg / day, d) 20 tg / day or more;
3. What lifestyle do you have? Answers: a) very active (moving at least 4 hours / day), b) Active (30-60min move / day), c) sedentary, d) don't know;
4. What kind of food do you consume? Answers: a) mostly vegetables and fruits, b) Sausages and smoked meat, c) traditional food, d) fast food;
5. When was the last time you had blood work done (hemocult)? Answers: a) never, b) 1 year ago, c) 1 month ago, d) don't know;
6. When was the last time you got a check-up from the gastroenterologist? Answers: a) I haven't been in a long time, b) 1 year ago, c) 1 month ago, d) don't know;

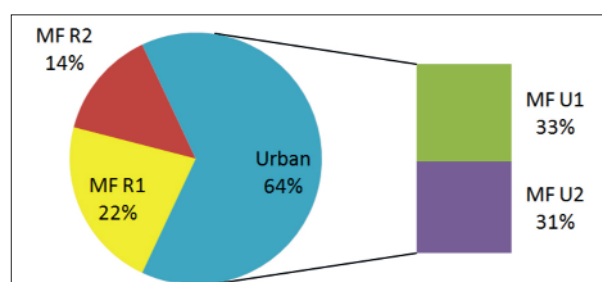


Figure 1. Distribution of total cases with colonic polyps

Table 1. Presentation of total cases with colonic polyps, by praxis (Rural/Urban), by year and by variation motifs

	MF R1				
	2010	2011	2012	2013	2014
Old cases	14	14	16	15	13
Deaths	0	0	-1	-1	0
Transfer	0	0	0	-1	1
New case	0	2	0	0	2
Total	14	16	15	13	16
	MF R2				
	2010	2011	2012	2013	2014
Old cases	10	10	9	11	10
Deaths	0	0	0	0	-2
Transfer	0	-1	0	-1	-1
New case	0	0	2	0	0
Total	10	9	11	10	7

	MF R1				
	2010	2011	2012	2013	2014
Old cases	14	14	16	15	13
Deaths	0	0	-1	-1	0
Transfer	0	0	0	-1	1
New case	0	2	0	0	2
Total	14	16	15	13	16
	MF R2				
	2010	2011	2012	2013	2014
Old cases	10	10	9	11	10
Deaths	0	0	0	0	-2
Transfer	0	-1	0	-1	-1
New case	0	0	2	0	0
Total	10	9	11	10	7

7. Were you satisfied with the medical service you were offered? Motivated your answer;

8. What was the reason you have not been to a check-up? Motivated your answer.

We analyzed the answers and the results were surprising. 30,57% of the rural patients answered the they didn't go to a check-up from the gastroenterologist because they have financial problems. 24,18 of the urban patients complain about the long waiting time at the gastroenterology doctor. Only 12,39% of the rural patients had changed the lifestyle versus 67,44% of the urban patients. About the satisfaction question, for rural patients 71,90% were fully satisfied as opposed to the urban patients which believe that in only 50,69% cases the medical service provide a satisfied client.

If we compare our study with the literature we have a problem. In all the major literature for colonic polyps and colorectal cancer we have a great adherence of the patients. Menees SB et al, concluded that the adherence to recommended intervals for surveillance colonoscopy is of 85-90% (2) Daphnie Beaulieu et al, in 2012 had conducted a quality audit of colonoscopy reports amongst patients screened or monitored for colorectal neoplasia in which he explained that both colon preparation and the colonoscopy must achieve high rate of quality. (3) but there are some issues with the reporting charts. Here in Arad County, Romania, we have another type of problem – The follow-up. Even if the colonoscopies and the treatment are efficient, a lot of patients, almost 70% of the rural patients and 19% of the urban patients, don't respect their follow-up program due the financial sit-

uations (travel cost, doctor's fee).

To reduce the incidence of colorectal cancer fist we have to make the screening program to work. If we analyze the literature, for example Vemulapalli Kc et al. , Reena V et al., Ivers N et al., Gregory S. Cooper et al., Tilak U. Shah et al., Benjamin Lebwohl et al., just in the last two years, it provides answers to the efficiency of the screening procedure for colonic polyps and colorectal cancer. (4,5,6,7,8,9)

CONCLUSION

If we compare our results with the literature we can conclude that we have a very big problem. Even if we have the possibility to make a screening for colonic polyps and we have great doctors, the major issue for us are the social-financial problems of our patients. On paper the National Colorectal Screening for Cancer is functioning very well. In practice we have problems with the adherence (addressability) of our patients. From a GP point of view it is difficult to make a good follow-up, to change precious information with the Gastroenterology department if the patients doesn't go to the medical appointments.

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