IS THERE A CHANGE IN THE CLINICAL PRESENTATION OF COELIAC DISEASE OVER 25 YEARS? Kumar PJ, Leaver SL,
Hamilton P, Taylor TM. St Bartholomew's & The Royal London School of Medicine & Dentistry, London, UK.
Gluten sensitive enteropathy (coeliac disease) is common in the West and the incidence is said to be increasing. This may be due to better screening tests, a greater awareness of the condition or a change in the clinical picture. We studied the clinical presentation of patients presenting to an adult coeliac clinic over 25 years. All patients were assessed by the same gastroenterologist and an identical standard format of history was taken.

Patients presenting between 1971 and 1996 at St Bartholomew's Hospital were studied. 212 patients presenting before 1985 (Group A) were compared to 75 presenting after 1985 (Group B). All patients had subtotal or partial villus atrophy on jejunal biopsy and the diagnosis was confirmed on clinical and morphological improvement following a gluten-free diet. The age and sex of the two groups was not significantly different.

Symptoms at presentation for Groups A and B respectively, were as follows: diarrhoea 70%, 53%; steatorrhoea 58%, 23%; malaise 79%, 48%; weight loss 62%, 32%; abdominal pain 42%, 23%; oral ulceration 20%, 24%; abdominal distension 23%, 27%; bone and joint pains 8%, 11%; ankle oedema 10%, 1-3%; dyspepsia and symptoms of anaemia 9%, 20%.

15% of group A and 5% of group B had no gastrointestinal symptoms. 25% and 16%, respectively had Irish ancestry.

Childhood symptoms suggestive of coeliac disease were seen in 48% and 37%. A delay in diagnosis of recent symptoms of more than 1 year was not different. There was also no difference in a history of atopy and thyroid disease in patients or the first degree relatives of the two groups.

In summary, despite better screening tests and a greater awareness of the condition, patients with coeliac disease are still presenting with classic symptoms although these may be now less severe.

DISEASE MANAGEMENT OF PATIENTS WITH PERSISTENT DYSPEPSIA. I. Ahej RFE, Severens JL, Lisdonk EJ van der, Verbeek ALM, Jansen JHMJ Department of Gastroenterology, University of Nijmegen

Objective: In this abstract we present the preliminary results of the examination whether an empirical drug treatment strategy with omeprazole (empirical group), instead of upper gastrointestinal endoscopy (UGE) followed by treatment (conventional treatment) in patients with persistent dyspepsia, increases appropriate use of endoscopy facilities.

Methods: Patients with persistent and troublesome dyspeptic symptoms justifying UGE were randomly allocated to the empirical or conventional group and followed for 1 year. We measured the percentage of patients undergoing an UGE, and the number of days with gastrointestinal (GI) complaints per patient.

Results: In the empirical group 76 percent less patients underwent an UGE compared to the conventional group. However, the empirical group had an average 3 days (p 0.01) more complaints per month during the rest of the year compared to the conventional group.

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<th>Treatment</th>
<th>UGE</th>
<th>GI complaints</th>
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<td>Conventional</td>
<td>13</td>
<td>8.48</td>
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<td>Empirical</td>
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Conclusions: The proposed empirical drug treatment strategy for patients with persistent dyspepsia results in the performance of fewer UGE but also in more days with GI complaints.


Introduction: We hypothesized that it may be possible to decrease patient stress and anxiety, thereby possibly making procedures safer, and also possibly increasing patient satisfaction, by allowing an accompanying person (AP) to be present in the endoscopy suite during gastroscopy (EGD).

Patients and methods: Forty one patients were randomly selected to either be offered to have an AP with them during endoscopy, or not to be so offered. Physiologic "hard signs" were measured, as well as Spielberg's well-validated state anxiety evaluation being administered before and after the EGD. APs completed questionaires as to their reactions after EGD.

Results: 58.8% of patients so offered chose to have APs in the endoscopy suite during EGD. The patients who underwent EGD with an AP showed a trend (p<0.06) to have a lessening in measureable anxiety compared to the patients in whom having an AP was not offered. The benefit was significant for persons with a higher level of state anxiety before the EGD (p<0.04).

Patients undergoing EGD for the first time had more anxiety than those with previous endoscopy experience (p<0.034). After the procedures 83% of the APs recommended the accompaniment of patients.

Discussion and conclusions: Anxiety during EGD is often alleviated with sedative medications which carry morbidity. There is significance in improving patient satisfaction during medical encounters. Offering to permit the presence of an accompanying person during EGD can have such benefits as improving patient satisfaction and reducing anxiety.


Aim: Outline the management of the spectrum of constipation especially the intractable form by the examining the entire experience of a single practice.

Methods: The symptoms for all patients in a single practice were entered into a computer database at the time of each visit over a 2 year period. All patients with constipation were identified. Constipation diagnostic studies and surgical results were reviewed.

Results: 4052 patients were entered. 1539 patients had complaints of constipation. 1271 had minor symptoms responding to simple measures like fiber, 268 had colonic transit time measurements and defecography. 130 patients had a prolonged colonic transit time > 72 hours.

65 patients with prolonged colonic transit could not be managed medically and underwent total colectomy with ileorectal anastomosis. Of these there were 27 who underwent simultaneous rectopexy for rectal descent. There were no deaths. One required subsequent ileostomy for persistent constipation due to neurogenic anusismus. At followup 86% were extremely or very satisfied, 2% satisfied, 10% neutral and none dissatisfied. Frequency of bowel movements per day was: one in 10%, two in 36%, three in 26%, four in 6%, five in 14% and twice in 2%.

364 defecographies were performed for rectal emptying complaints including constipation, pain or incontinence. 268 of those patients had constipation. 270 defecographies revealed impaired rectal emptying. 71 patients had impaired rectal emptying that could not be managed medically and underwent rectal resection. There were no deaths or stomas. 70% (55) were extremely or very satisfied, 11% (6) satisfied, 0% (4) neutral and 4% (3) regretted surgery.

Conclusion: Many patients complain of constipation. Most can be managed with simple measures. In the group of patients with more severe symptoms colonic transit time measurements and defecography reveal clinically significant abnormalities in a large proportion. If symptoms persist despite medical treatment then surgery directed at specific constipating anatomic defects is successful in the majority of cases.