**GP Curriculum Topic Guide**

*Feb ‘21*

***Gastroenterology***

**About this Topic Guide**

This Topic Guide explores part of the RCGP curriculum, *Being a General Practitioner*. It will help you understand important issues relating to gastroenterology by illustrating the key learning points with a case scenario and questions. It also contains tips and advice for learning, assessment and continuing professional development, including guidance on the knowledge relevant to this area of general practice.

Each Topic Guide is intended to illustrate important aspects of everyday general practice, rather than provide a comprehensive overview of each clinical topic. It should therefore be considered in conjunction with other Topic Guides and educational resources.

**The role of the GP in gastrointestinal health**

As a GP, your role is to:

• Diagnose, investigate and manage digestive symptoms using history, examination, monitoring and referral where appropriate. Take into account how digestive symptoms can often be multiple and imprecise

• Communicate effectively and consider the social and psychological impact of digestive problems including the potential difficulties for some patients to discuss digestive symptoms due to embarrassment and / or social stigma

• Intervene urgently when patients present with emergencies related to digestive health

• Coordinate care with other organisations and professionals (including community nurses, pharmacists, drug and alcohol centres, secondary care and voluntary services) leading to effective and appropriate acute and chronic digestive disease management

• Offer advice and support to patients, relatives and carers regarding prevention, prescribing, monitoring and self-management (e.g. lifestyle interventions including diet, weight loss, alcohol and drugs, stress reduction and primary cancer and liver disease prevention).

**Emerging issues in gastroenterology**

Prevention and early treatment of colorectal cancer are priorities for the Department of Health. A national programme of screening for colorectal cancer is in place. Primary care has an important role regarding cancer risks and referrals, even though recruitment of patients and follow-up for screening are centrally co-ordinated.

GPs should be aware of the increasing incidence of liver morbidity and mortality and the role of primary care in preventing liver disease, as well as new treatment approaches for patients with hepatitis and non-alcoholic fatty liver disease. 151

**Knowledge and skills guide**

For each problem or disease, consider the following areas within the general context of primary care:

➢ The natural history of the untreated condition including whether acute or chronic

➢ The prevalence and incidence across all ages and any changes over time

➢ Typical and atypical presentations

➢ Recognition of normal variations throughout life

➢ Risk factors including lifestyle, socio-economic and cultural factors

➢ Diagnostic features and differential diagnosis

➢ Recognition of ‘alarm’ or ‘red flag’ features

➢ Appropriate and relevant investigations

➢ Interpretation of test results

➢ Management including self-care, initial, emergency and continuing care, chronic disease monitoring

➢ Patient information and education including self-care

➢ Prognosis

**Symptoms and signs**

Many conditions such as liver disease are often asymptomatic in their early stages. Symptoms and signs include:

• Abdominal masses and swellings including ascites and organ enlargement such as splenomegaly and hepatomegaly

• Abdominal pain including the differential diagnoses from non-gastrointestinal causes (e.g. gynaecological or urological)

• Bloating

• Bowel issues including constipation, diarrhoea, changes in habit, tenesmus and faecal incontinence

• Chest pain

• Cough

• Disturbance of smell and taste

• Dyspepsia, heartburn

• Dysphagia

• Hiccups

• Inflammation (e.g. eyes, joint)

• Jaundice

• Mouth ulceration, erythroplakia, leukoplakia, salivary problems

• Nausea and vomiting including non-gastrointestinal causes

• Pruritus

• Rectal bleeding including melaena

• Regurgitation

• Vomiting including haematemesis

• Unexplained weight loss and anorexia

• Weight gain including obesity.

**Common and important conditions**

-Dyspepsia, gastro-oesophageal reflux disease (GORD), and Irritable Bowel disease (IBS) are common conditions, affecting a significant proportion of the population

• Chronic abdominal conditions: inflammatory bowel disease, diverticular disease, coeliac disease and irritable bowel syndrome

• Acute abdominal conditions: appendicitis, acute obstruction and perforation, diverticulitis, Meckel’s diverticulum, ischaemia, volvulus, intussusception, gastric and duodenal ulcer, pancreatitis, cholecystitis, biliary colic, empyema and renal colic

• Medication effects: analgesics (codeine, NSAIDs, paracetamol), antibiotics (nausea, risk of c. difficile), proton pump inhibitors (potential masking of symptoms)

• Post-operative complications

• Hernias: inguinal, femoral, diaphragmatic, hiatus, incisional

• Functional disorders: non-ulcer dyspepsia, irritable bowel syndrome, abdominal pain in children.

***Upper GI conditions***

• Gastrointestinal haemorrhage including oesophageal varices, Mallory-Weiss syndrome, telangiectasia, angiodysplasia, Peutz-Jeghers syndrome

• Gastro-oesophageal reflux disease, non-ulcer dyspepsia, peptic ulcer disease, H. pylori, hiatus hernia

• Oesophageal conditions including achalasia, malignancy, benign stricture, Barrett’s

oesophagus, globus.

***Lower GI conditions***

• Constipation: primary and secondary to other systemic diseases such as hypothyroidism, drug-induced, hypercalcaemia

• Diarrhoea

* 1. • Gastrointestinal infection including: o toxins such as C. difficile and E coli;
  2. o bacterial causes such as salmonella, campylobacter, amoebic dysentery;
  3. o viral causes such as rotavirus, norovirus; and
  4. o parasitic causes such as Giardia lamblia

(Note Sexually Transmitted Infections can also cause symptoms.)

• Gastrointestinal malignancies including oesophageal, gastric, pancreatic, colorectal, carcinoid, lymphoma

• Inflammatory bowel disease such as Crohn’s disease, ulcerative colitis

• Malabsorption including coeliac disease, lactose intolerance, secondary to pancreatic insufficiency such as chronic pancreatitis, cystic fibrosis, bacterial overgrowth

• Rectal problems including anal fissure, haemorrhoids, perianal haematoma, ischio-rectal abscesses, fistulae, prolapse, polyps, malignancy.

***Liver, gallbladder and pancreatic disease***

* 1. • Abnormal liver function tests: assessment, investigation and consideration of underlying reasons such as: o drug-induced: alcohol, medications (paracetamol, antibiotics), chemicals;
  2. o infection: viral hepatitis, leptospirosis, hydatid disease;
  3. o malignancy: primary and metastatic;
  4. o cirrhosis (e.g. from alcohol, fatty liver/ non-alcoholic fatty liver disease); and
  5. o autoimmune disease: primary biliary cirrhosis, chronic active hepatitis, α-1 antitrypsin deficiency, Wilson’s disease, haemolysis

• Secondary effects of liver diseases such as ascites, portal hypertension, hepatic failure

• Gallbladder disease: gallstones, cholecystitis, cholangitis, biliary colic, empyema, malignancy

• Pancreatic disease: acute pancreatitis, chronic pancreatitis, malabsorption, malignancy including islet cell tumours.

***Nutrition***

• Dietary management of disease, inadequate or excessive intake

• Impact of diet on health (e.g. risk of cancer from high red meat intake) and dietary approaches to healthy living and prevention of disease

• Disorders of weight: obesity and weight loss including non-nutritional causes such as cancer, thyroid disease and other endocrine conditions

• Nutritional problems: vitamin and mineral deficiencies or excess, supplementary nutrition such as dietary, PEG and parenteral feeding

• Complications and management of stomas.

***Examinations and procedures***

The sensitive nature of GI symptoms and some GI examinations – importance of putting the patient at ease and providing an environment where abdominal and rectal examinations are performed with dignity and, where appropriate, under chaperoned conditions

.

**Investigations**

• Stool tests including culture results and faecal calprotectin

• Tests of liver function, including interpretation of immunological results and markers of disease including cirrhosis and malignancy

• Endoscopy, ultrasound and other scans (e.g. transient elastography), interpretation of relevant tests such as those for Helicobacter pylori infection, coeliac disease

• Secondary care interventions such as laparoscopic surgery, ERCP, radiological investigations (including contrast and CT scans)

• Screening programmes for colorectal cancer such as stool tests (e.g. occult blood / fecal immunochemical test), endoscopy and the evidence base.

**Service issues**

• High prevalence of GI symptoms in the community and the implications for primary care

• Importance of assessing major risk factors and encouraging early lifestyle interventions to reduce the risk of liver disease

• Availability and appropriate use of direct-access endoscopy and imaging for primary care practitioners

• Community-based services in areas such as drug and alcohol rehabilitation (both of which are implicated in gastrointestinal and liver disease)

• Increasing demand for weight loss surgery, and its potential long term effects

• Public health implications of the national bowel cancer screening programme and the role of primary care in provision and in dealing with symptoms amongst screening invitees.

**Additional important content**

• Appropriate tailoring of treatment to cater for the patient’s GI function and preferences.

• Side effects of common medicines including analgesics, antibiotics and proton pump inhibitors

• Drug and alcohol misuse: range of associated gastrointestinal and liver problems, complex issues, ways these impact on digestive disorders and the management problems they are associated with (see also RCGP Topic Guide *Alcohol and Substance Misuse*)

• Impact of social and cultural diversity, and the important role of health beliefs relating to diet, nutrition and the presentation of gastrointestinal disorders. Ensure that the practice is not biased against recognising these.