

# Care-seeking behavior associated with 'upper-GI symptoms'

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Patients with upper gastrointestinal (GI) complaints visit their general practitioner (GP) more often than patients with other conditions. Researchers writing in the open access journal *BMC Family Practice* found that people with dyspepsia, heartburn, epigastric discomfort and other upper-abdominal complaints had almost twice as many GP contacts, which were ultimately associated with problems in all organ systems. These patients were twice as frequently referred to specialist care and received twice as many prescriptions.

Henk van Weert led a team of researchers from the University of Amsterdam who set out to investigate the connection between psychological conditions and upper-GI symptoms. He said, "Traditionally, psychological factors were held responsible for upper-GI symptoms. With the identification of [Helicobacter pylori](#) the etiological paradigm changed dramatically, but eradication therapy has proved to be of only limited value in functional dyspepsia. We aimed to investigate whether psychological and social problems are more frequent in patients with upper GI symptoms".

The researchers found that the prevalence of upper-GI symptoms was actually associated with a broader pattern of illness-related health care use - GI patients' increased health care demands were not restricted to psychosocial problems, but comprised all organ systems. According to van Weert, "Patients with upper-GI symptoms visited their GP twice as often and received up to double the number of prescriptions as control patients. We demonstrated that not psychological and social co-

morbidity, but high contact frequency in general is most strongly associated with upper-GI symptoms".

Speculating as to the reason for the increased care-seeking among people with upper-GI symptoms, van Weert said, "Patients who consult their GP frequently because of their coping style and attentiveness to physical symptoms may just have a high chance to be diagnosed in any health domain, including the psychosocial. In other words, upper GI symptoms and psychosocial complaints may both be manifestations of increased health care demands and not etiologically related".

More information: Upper gastrointestinal symptoms, psychosocial comorbidity and [health care](#) seeking in general practice: population based case control study; Linda E Broker, Gerard JB Hurenkamp, Gerben ter Riet, Francois G Schellevis, Hans G Grundmeijer and Henk C van Weert; *BMC Family Practice* (in press); [www.biomedcentral.com/bmcfampract/](http://www.biomedcentral.com/bmcfampract/)

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