



Service Priorities and Programmes Electronic Presentations

Convention ID: 652

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Outcomes of patients with chronic dyspepsia managed in a Family Medicine specialist led Triage Clinic

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Keywords:

a Family Medicine specialist led Triage Clinic
Primary Care
Chronic dyspepsia

Introduction

In order to enhance the gatekeeping role of family physicians, Family Medicine Triage Clinic (FMTC) was set up at Kwun Tong Community Health Centre in February 2015 to manage routine referrals of predefined surgical conditions from KEC general outpatient clinics and some routine booking cases triaged from Specialist Outpatient Clinic (SOPC). Comprehensive assessment including the use of some hospital investigations was provided by the clinic. Chronic dyspepsia was one of the major conditions referred to FMTC.

Objectives

To evaluate the diagnoses and outcomes of patients with chronic dyspepsia referred to FMTC.

Methodology

All patients with chronic dyspepsia referred to FMTC from 14th February 2015 to 13th June 2015 were recruited for review. Relevant clinical data were retrieved from Clinical Management System for analysis.

Result

167 patients with chronic dyspepsia were referred to FMTC. The mean age of patients was 56.5 years and 71.9% were female. The mean waiting time for FMTC was 3.5 weeks. The mean duration of the dyspepsia symptoms was 37.4 months. Oesophagogastroduodenoscopy (OGD) was arranged in 84 patients (50.3%) according to evidence-based guideline and the mean waiting time for OGD was 8.42 weeks. The indications of OGD included chronic dyspepsia (57.1%), epigastric pain (22.6%), acid reflux (17.9%), suspected malignancy (1.2%) and suspected peptic ulcer (1.2%). The most common OGD finding was gastritis (82.2%) followed by metaplasia (6.8%), benign gastric polyps (6.8%), peptic ulcer (5.5%) and gastric erosion (1.4%). 32.9% was found to have helicobacter pylori (HP) infection by biopsy.

20 patients were arranged for urea breath test (UBT) with 39.9% of them positive for HP. Ultrasound abdomen was booked and pending in 7 cases (4.2%). For those who had attended the clinic for more than once, 84.6% of them reported symptoms improvement after treatment. 53.9% of patients were discharged after a mean of 2.74 visits while 17.4% had defaulted follow-up. Only 13 patients (7.8%) required referral to the Surgical SOPC for further assessment and management. This review showed that with the use of protocol driven tactic and enhanced accessibility of hospital investigations, patients with chronic dyspepsia could be managed well in primary care. The clinic successfully acted as a gatekeeper and reduced workload in secondary care.