DIY
Tricks of the Trade

Simple Solutions to
Common GI Consultations

Art DeCross MD AGAF
Associate Professor of Medicine
Division of Gastroenterology
&Hepatology
University of Rochester

No Financial Disclosures

Learning Objectives

- Expand your ability to diagnose and manage common primary care GI issues
- Increase your confidence in identifying solutions to these issues
- Reduce the expense, resource burden, and time delays inherent in subspecialty consultation.

Scenarios

1. "Refractory GERD"
2. Isolated elevated bilirubin
3. "Recurrent" diverticulitis
4. Chronic diarrhea

#1 "Refractory GERD"

Things you hear:

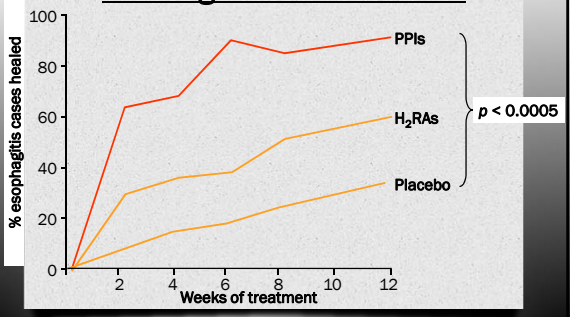
- It's not working…
- "I don't want to stay on medicine forever"
- "Every time I stop the medicine my heartburn comes back worse"

Things I hear:

- "What good is being married to a gastroenterologist if you can't make my heartburn go away ?"

Recognize under-treated GERD and Acid-Rebound

Treating GERD takes time!



Chiba et al. Gastroenterology 1997

Under-treated GERD solutions

- Don't ignore red flags of dysphagia, weight loss, age over 55, anemia, etc. – needs immediate referral and imaging.
- *many* reasons why GERD symptoms may be incompletely responsive, BUT
  - *Practice patience : 50% of pts respond in two weeks, 80% by 6-8 weeks, 90% by 12 weeks*
  - *Don't keep switching brands prematurely*
  - *Don't ignore diet compliance, late eating, smoking/drinking, etc.*
  - *Correctly timed dosing (usually half hour pre-breakfast)*

Acid-Rebound

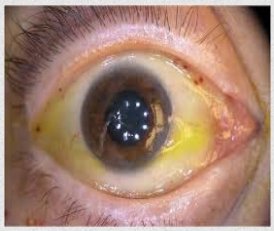
- 50% of NORMAL SUBJECTS on a daily PPI for 4 weeks, will experience rebound GERD for 1 week after abrupt discontinuation
- Rebound commonly lasts 1-3 weeks in GERD patients
- This can obscure the difference between patients whose disease control is dependent on PPIs, and patients who keep getting short term rebound.

Acid-Rebound Solutions

- WEANING!! acid suppression
- Incremental decrease in acid suppression every 4 weeks
  - Decrease PPI dose by 50% on alternate days for 4 weeks, then daily
  - H2 blockers on alternate days for 4 weeks (alternating with PPIs), then daily.
- If weaning is slow, then recurrent symptoms are not rebound, and the patient is truly refractory.

#2 Isolated elevated bilirubin

AST – 30
ALT – 30
ALK phos – 80
T. Bili – 2.8 mg/dl*



Recognize Gilbert's syndrome

- 4-16% of general population
- Common pick-up on insurance physical, general physical fasting blood work
- INDIRECT hyperbilirubinemia, without any other LFT change,
- rarely >3.0, never > 6.0 mg/dl

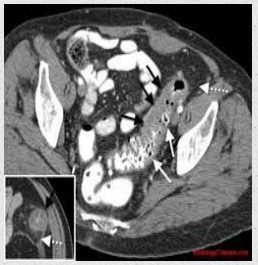
- *Triggered by:*
  - *Fever*
  - *Fasting*
  - *Stress*
  - *Exercise/exertion*
  - *Sleep deprivation*
  - *Menses*

Solution

- Order Total Bilirubin and Direct Bilirubin (fractionation) in a well fed, well rested patient, skip the gym.
- Usually T. bili values normalize; even if mildly elevated, will be mostly indirect.
- Only differential: hemolysis
- Wasteful: with all other LFTs normal, patient does not need imaging, hepatitis screening, other labs.

#3 "Recurrent Diverticulitis"

- Well documented diverticulitis
  - Fever, increased WBC/CRP
  - LLQ pain and swelling to palpation
  - CT positive
  - Response to Abx
- Symptoms commonly recur – but is it recurrent *infection?*

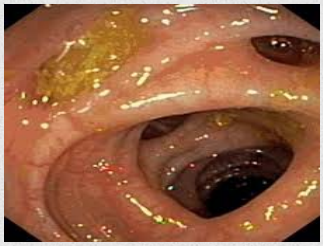


Recognize Symptomatic Diverticulosis

- aka SUDD: – symptomatic uncomplicated diverticular disease
- IT HURTS ≠ IT'S INFECTED
- Avoid repeating CTs but avoid empiric antibiotics as well. Fever, WBC and CRP!
- "Response" to antibiotic may be on anti-inflammatory basis, not anti-bacterial.
- DIET MATTERS!

Diet Matters?

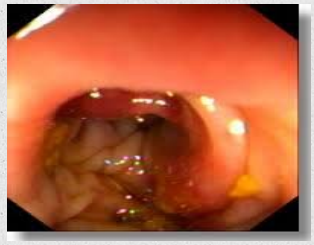
- If this is your disease,...



- Then Diet does NOT matter.

Diet Matters?

- But if this is your disease....



- Then diet can matter for recurrent symptoms

Fiber ≠ Roughage

- Seeds and nuts, popcorn, roughage in general are poorly digested, mechanical stimulants of colonic distention with resulting evacuation.
- Roughage aggravates obstructive situations.
- Fiber is a nutrient which softens stool and lowers colonic transit pressures.

"recurrent diverticulitis" solutions

- In absence of inflammatory markers – fever, elevated WBC or CRP – resist the urge to give antibiotics.
- A low roughage diet, with fiber supplements such as psyllium can help reduce symptoms of recurrent symptomatic diverticulosis
- Of interest, at specialty level, work is now being done examining role of anti-inflammatories in managing this condition (e.g. mesalamine)

#4 Chronic Diarrhea

- Work up of diarrhea is complex and depends upon acuity, weight loss, blood loss, pain, severity, risk factors, patient's age.

- But there are steps you can engage at the primary care level to make consultation for chronic diarrhea more effective, satisfactory and cost efficient.

Working up chronic diarrhea

- Serum CRP and fecal calprotectin – negatives are good exclusion of inflammation.* Positives would prompt a different triage response from consultant. NOTE: sed rate (ESR) is good for nothing in GI-world
- Celiac serology – common condition, patients often already know about it, better to get before they self-inflict a gluten free diet. Inexpensive ELISA. Positive triggers upper endoscopy rather than colonoscopy.

Menees SB.. Am J Gastro 2015 ;110:444-54

- Lactose intolerance is not reliably determined by patient self-reports of self-guided dietary exclusion.
- Bloat and flatus are often prominent features.
- Much more common in young Asians/African Americans, very unusual to have a de novo diagnosis for new symptoms in older patients.
- Order thru EPIC:
  - "Hydrogen breath test" – select Lactose.

- Microscopic colitis is a chronic watery diarrhea, without blood and usually without weight loss, common in older woman especially, and often linked etiologically to medications.
- Trial of withdrawal from SSRIs, SNRIs, PPIs, statins, NSAIDs may yield culprit.

Chronic Diarrhea "solutions"

- *When acuity of work up is not indicated due to benign, long-standing chronic course of watery diarrhea without weight loss, some short-cuts can be quickly accomplished and may shape further work up more effectively prior to consultation.*

- CRP, fecal calprotectin

- celiac serology

- Hydrogen breath test (with lactose)

- trial of medication withdrawal, esp. in older women.

Summary

- Some simple diagnostic and therapeutic maneuvers can be high yield by:
  - Increasing patient confidence/satisfaction with the PCP
  - Reducing health systems costs by reducing unnecessary subspecialty consultations, or
  - Reducing costs and time to diagnosis when consultation is necessary, by more appropriately focusing the consultative evaluation.

The End