



Chapter 2

Gastrointestinal investigations and treatments

At a glance



Colonoscopy

Most colonoscopies are done to detect bowel cancer. The Atlas found low rates of hospitalisation for colonoscopy in the following groups, raising concerns about their access to colonoscopy: Aboriginal and Torres Strait Islander Australians, people in outer regional and remote areas and people living in areas of low socioeconomic status. Strategies to increase participation in the National Bowel Cancer Screening Program in these groups and colonoscopy for those with a positive screening test will drive more appropriate care. Addressing preventable risk factors, such as obesity, smoking and poor diet, would reduce the rate of bowel cancer and lead to better use of healthcare services.

Gastroscopy

Gastroscopy is used mainly to investigate upper gastrointestinal symptoms such as heartburn. It is also used to exclude a diagnosis of cancer. Rates of gastroscopy in Australia continue to rise, despite low and stable rates of oesophageal and stomach cancers. The Atlas found that the rate of hospitalisation for gastroscopy varies up to seven-fold between local areas in Australia.

This pattern suggests underuse in some parts of the population and overuse in others. Lower rates of gastroscopy in outer regional and remote areas raise concerns about a lack of access in these areas. The low rates for Aboriginal and Torres Strait Islander Australians raise similar concerns.

The Atlas also found that, in 2016–17, there were 274,559 hospitalisations for gastroscopy and colonoscopy on the same day, representing 1,044 hospitalisations per 100,000 people of all ages. Investigation with both endoscopes is indicated in only a limited number of conditions, so the high rates reported suggest some inappropriate use.

Proton pump inhibitor medicines in adults

Proton pump inhibitor medicines are mainly used for gastro-oesophageal reflux disease. There is good evidence that proton pump inhibitor medicines are overused and that many people are inappropriately using them for long periods. Lifestyle changes can reduce symptoms of reflux in many patients. The Atlas found that the rate of dispensing of proton pump inhibitor medicines in adults varies up to five-fold between local areas in Australia.

Recommendations

Colonoscopy

2a. State and territory health departments to adopt triaging systems to prioritise colonoscopy for individuals who are most at risk of bowel cancer. Colonoscopy should not be used routinely for primary screening, and timing of repeat surveillance colonoscopies should follow National Health and Medical Research Council guidelines.

2b. Health service organisations to ensure that, in settings where colonoscopy and gastroscopy are provided in the same clinic, patient need and likelihood of benefit of each procedure determine the overall clinical priority.

2c. The National Bowel Cancer Screening Program to develop and test methods to improve uptake by Aboriginal and Torres Strait Islander Australians.

2d. Relevant colleges and clinical societies to review their training programs to incorporate the Colonoscopy Clinical Care Standard and meet the needs of at-risk groups, including Aboriginal and Torres Strait Islander Australians, people at socioeconomic disadvantage and people living outside major cities.

2e. Health service organisations and facilities providing colonoscopies to monitor adherence to the Colonoscopy Clinical Care Standard to ensure that patients with the greatest need for colonoscopy are prioritised.

Gastroscopy

2f. The Medicare Benefits Schedule Review Taskforce to review descriptors for gastroscopy with evidence-based criteria using a consensus process. The taskforce to consider reserving subsidies for a set of specific indications for gastroscopy, including:

- i. Upper abdominal symptoms that persist despite an appropriate trial of therapy

- ii. Upper abdominal symptoms associated with other symptoms or signs suggesting structural change (for example, difficulty swallowing), or new-onset symptoms in patients over 50 years of age.

2g. State and territory health departments to prioritise gastroscopy for individuals, consistent with the epidemiology of upper gastrointestinal cancer.

Proton pump inhibitor medicines for adults

2h. Relevant colleges and clinical societies to:

- i. Develop educational programs targeting both general practitioners and specialists to improve the appropriateness of use of proton pump inhibitor medicines
- ii. Review their training programs to ensure that guidance on the use of PPI medicines is consistent with the current evidence base.

2i. Relevant colleges and clinical societies to develop educational programs for consumers to educate them about the importance and benefits of lifestyle changes to reduce their risk of chronic diseases, particularly gastro-oesophageal reflux disease and bowel cancer.

2j. The Commission to develop a clinical care standard on investigation and management of dyspepsia and gastro-oesophageal reflux disease.

2k. NPS MedicineWise to ensure that information for consumers about appropriate use of PPI medicines and about modifiable lifestyle factors that increase the risk of gastro-oesophageal reflux disease is highlighted, where appropriate, in its public education campaigns.