

THE KNOWLEDGE, PRACTICES, AND ATTITUDES OF GENERAL PRACTITIONERS ON IRRITABLE BOWEL SYNDROME AMONG FAMILY PRACTITIONERS

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Abstract: *This study aimed to examine general practitioners' knowledge, practices, and attitudes regarding irritable bowel syndrome (IBS). The study was designed as a cross-sectional study conducted at the Department of Medicine MTI, LRH Hospital Peshawar, between February 2021 and August 2021. A total of 200 general practitioners working in various clinics and hospitals were included in the study. Gastroenterologists and medical experts were excluded. Non-probability convenient sampling was used to select the participants. After obtaining their consent, the participants were asked to complete a questionnaire about their knowledge, practices, and attitudes towards IBS. The data was analyzed using SPSS version 28. Frequencies and percentages were used for categorical data, while mean and standard deviation were used for quantitative data. The Chi-Square test was applied to test the significance of the p-value, which was set at 0.05 or less. The respondents' mean age was 36 years, with an equal male-to-female ratio. More than half of the general practitioners (56%) were from rural regions, while the rest were from metropolitan areas. The knowledge questions were scored using true, false, and don't know options. 43% of respondents believed that IBS is a genetic illness, while 26% disagreed, and 33% were unsure. 51% of respondents thought that only women have IBS, while 33% disagreed, and 20% were unsure. 51% of the participants believed that IBS is a potentially fatal illness, while 27% disagreed, and 22% were unsure. When asked about their practices related to IBS management, 58% said they consistently took the prescribed drugs, while 42% did not. 64% said they avoided gluten-containing foods, while 36% did not. 51% of the respondents said they practiced yoga, while 49% did not. The comments of the participants regarding their views towards IBS were also recorded. A significant correlation was found between the participant's answers to the question, "Do you think your everyday life is less influenced now that you are following your doctor's advice about nutrition, lifestyle, and medications?" (p-value=0.04). The study found that the general practitioners had a sufficient degree of knowledge about IBS, which is essential for proper referral and treatment by qualified medical professionals and subject matter specialists.*

Keywords: Irritable Bowel Syndrome, General Practitioners, Knowledge, Practices. Attitudes

Introduction

The cause of irritable bowel syndrome (IBS), a functional bowel obstruction, is changed gut visceral sensitivity and, in some situations, a positive family history (Soares, 2014). It is more prevalent in women and young people and is linked to a challenging lifestyle. Its incidence ranges from 15 to 26% (Soares, 2014). The pathophysiology of IBS has also been attributed to the disturbance of normal gut flora. Rome criteria, which divided irritable bowel syndrome into three categories, is the gold standard for diagnosing the condition. This illness has enormous financial ramifications, costing the US economy \$1 billion (Miwa, 2008). The primary signs and symptoms of the illness include altered bowel habits, constipation after diarrhea, sleep disturbances, emotional outbursts, crying tendencies, frequent bowel movements and insufficient defecation, bloating, and gas. Unintentional weight loss and bleeding per rectum are two of the main worries for patients (Thomaidis et al., 2013). For both the patient and the treating physician, it is a frightening period. They seek more

intrusive tests, such as colonoscopies and CT abdominal scans, to identify the source of the blood in the stool (Taylor et al., 2003). In these circumstances, complacency has no place; one must act quickly and carefully to protect the patients' interests. There is a growing trend of people doing pointless testing, such as helicobacter pylori, complete blood counts, and other tests, without understanding how severe the matter is. General practitioners and family doctors play a significant role in treating conditions like irritable bowel syndrome and gastroesophageal reflux disease (Whitehead and Drossman, 2010). They serve as a kind of triage where patients are first evaluated and then sent to tertiary care hospitals outfitted with various amenities and relevant expertise (Gikas and Triantafyllidis, 2014). Aggressive pursuit is necessary for older people and those with good family histories (Coumare et al., 2021). eyes cannot see what the mind is blind to."Therefore, verifying the general practitioners' knowledge, perceptions, and attitudes is very important (Stern, 2010). They act as a connecting element (Al-Hazmi, 2012). The study's primary

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goal is to evaluate general practitioners' understanding, perspectives, and attitudes about irritable bowel syndrome (Lacy et al., 2007).

Methodology

This cross-sectional investigation was carried out in Peshawar after the research proposal received sanction from the research committee of the Department of Medicine at MTI, LRH Peshawar. Clinician-affiliated general practitioners constituted the inclusion criterion. Gastroenterologists and medical specialists were excluded from the study. The technique utilized was non-probability convenient sampling with a total sample size of 200. Participants were requested to complete a questionnaire after being briefed on the advantages and disadvantages of the research. The data analysis was conducted using version 28 of SPSS. Frequencies and percentages were utilized for categorical data, whereas for quantitative data, mean and standard deviation were employed. The chi-square test determined significance at a p-value of 0.05 or less.

Results

Table 1 overviews the participating General Practitioners' (GPs) demographic characteristics. The study involved 200 GPs, evenly distributed between genders, with 50% male and 50% female participants. The mean age of the participants was 36 years, with a standard deviation of 8 years. Additionally, the GPs' locations were diversified, with 56% practicing in urban areas and 44% in rural settings. This demographic information establishes the foundation for understanding the diversity of the sample and its potential impact on the study findings.

Table 2 delves into the knowledge of GPs regarding Irritable Bowel Syndrome (IBS). The responses to various statements reflect varying levels of awareness. Notably, 44% correctly recognize IBS as a hereditary disease, while 48% correctly understand that IBS does not exclusively affect women. However, there is room for improvement, as 51% incorrectly believe that IBS is a life-threatening disease. Furthermore, 49% acknowledge that IBS symptoms significantly affect patients' daily lives, and 49% correctly perceive IBS as more common than chronic diseases like diabetes and hypertension. This table highlights the existing knowledge gaps among GPs regarding IBS.

Table 2: Knowledge of GP towards IBS

Questions	Responses	Frequency	Percent
IBS is a hereditary disease	True	88	44.0
	False	50	25.0
	Do Not Know	62	31.0
IBS affects only women	True	96	48.0
	False	64	32.0
	Do not Know	40	20.0
IBS is a life-threatening disease	True	101	51.0
	False	54	27.0
	Do not know	44	22.0
IBS symptoms considerably affect patients' daily life	True	86	43.0
	False	68	34.0
	Do Not Know	46	23.0

Table 3 explores the attitudes of GPs towards IBS. A considerable portion of the GPs, 65%, expressed a positive attitude, either strongly agreeing or agreeing, towards the importance of consulting physicians for IBS medication. Similarly, 53% recognize the significance of dietary and lifestyle changes in managing IBS symptoms. Moreover, 72% of the participants believe in the importance of good compliance with prescribed drugs for effective IBS management. The table also shows that a majority (78%) agree on the importance of controlling stress and anxiety for effective IBS management. This highlights the positive attitudes of GPs towards a holistic approach to managing IBS.

Table 4 outlines the practices of GPs concerning IBS. A substantial majority, 58%, claim regularity in taking prescribed medications for IBS. Additionally, 65% of GPs actively avoid gluten-containing products that might exacerbate symptoms. Regarding stress and anxiety management, 48% of GPs engage in yoga or meditation practices. These practices align with the positive attitudes observed in Table 3, showcasing a correlation between attitudes and actual practices among GPs in the context of IBS management.

In summary, the study reveals a mixed landscape regarding GPs' knowledge, attitudes, and practices regarding IBS. While there are commendable aspects, such as positive attitudes and certain good practices, there are also identified knowledge gaps, particularly in understanding the severity of IBS and its hereditary nature. These findings emphasize the importance of targeted educational interventions to enhance GP awareness and knowledge, ultimately improving IBS management and patient care.

Table 1: Demographic Characteristics of General Practitioners

CHARACTERISTIC	FREQUENCY	PERCENTAGE
Total Participants	200	100%
Gender:		
Male	100	50%
Female	100	50%
Age (Mean ± SD)	36 ± 8 years	-
Location:		
Urban	100	56%
Rural	100	44%

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IBS is more common than chronic diseases such as diabetes and hypertension	True	98	49.0
	False	66	33.0
	Do not know	36	18.0

Table 3: Attitude of GP towards the IBS

Questions	Responses	Frequency	Percent
For treating IBS, medications should be taken in consultation with physicians only	Strongly Agree	64	32.0
	Agree	44	33.0
	Neutral	34	17.0
	Disagree	24	12.0
	Strongly disagree	12	6.0
	Total	200	200.0
Dietary and lifestyle changes are critical to manage IBS symptoms	Strongly agree	52	26.0
	Agree	54	27.0
	Neutral	56	28.0
	Disagree	32	16.0
	Strongly disagree	6	3.0
	Total	200	200.0
IBS management requires good compliance with drugs required by your physician	Strongly agree	50	25.0
	Agree	94	47.0
	Neutral	36	18.0
	Disagree	14	7.0
	Strongly disagree	6	3.0
	Total	200	200.0
Controlling stress/anxiety is as important as taking regular medications for IBS management	Strongly agree	88	44.0
	Agree	68	34.0
	Neutral	30	15.0
	Disagree	10	5.0
	Strongly disagree	4	2.0
	Total	200	200.0
Dietary and lifestyle changes are critical to manage IBS symptoms	Strongly agree	52	26.0
	Agree	54	27.0
	Neutral	56	28.0
	Disagree	32	16.0
	Strongly disagree	6	3.0
	Total	200	200.0

Table 4: Practices of GP towards IBS

Questions	Responses	Frequency	Percent
Do you take your medications prescribed for IBS regularly?	Yes	116	58.0
	No	84	42.0
Do you avoid gluten-containing products(wheat, barley, and rye) containing food products that might worsen your symptoms?	Yes	130	65.0
	No	70	35.0
	Total	200	200.0
Do you perform yoga/meditation to minimize stress/anxiety?	Yes	98	48.0
	No	102	52.0
	Total	200	200.0

Discussion

Based on their replies to different parts of the questionnaire, general practitioners had overwhelmingly similar views regarding irritable bowel illness (Lacy et al., 2007). 43% of respondents said they believed IBS to be a genetic illness, 26% disagreed, and 33% were unsure (Raine et al., 2004). Only women have IBS, according to rue replies (51%), false (33%), and don't know (20%). 51% of people believe that IBS is a potentially fatal illness, 22% are unsure, and 27% are false. About 43% of individuals with IBS report actual

symptoms affecting their everyday lives, 34% report fake symptoms, and 23% are unsure (Thompson et al., 2000). In terms of procedures and responses, Do you consistently take the prescription drugs you were given for IBS? Do you avoid gluten-containing foods (wheat, barley, and rye) that might exacerbate your symptoms? 58% of respondents said "yes," while 42% answered "no." 36% no and 64% yes (Harris and Roberts, 2008). This research is a Q-Methodological research released by the University of Leeds. Every general practitioner in attendance agreed that there is a psychological component to IBS patients. This

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disproved the prior claim that IBS is a disease with both a biological and psychological foundation (Drossman et al., 2009). The resounding consensus suggested that all GPs had a similar perspective. There was considerable disagreement over other potential causes. Stress and poor mental health are associated with pathological risk factors, according to even primary care doctors who lean that way (Harris and Roberts, 2008). A small percentage of them, albeit holding differing opinions, did agree that IBS is categorized as a physical illness with an organic foundation. Qualitative research has shown that several medical professionals have voiced skepticism about the cause of IBS and have proposed a robust psychological foundation for the condition (Drossman et al., 2009). Prior research examining the opinions of physicians and patients on functional disorders has shown conflicting results regarding the causes of IBS. Finding and characterizing patterns of competing ideas systematically is made possible by the Q-methodology, which makes it inevitable to find various disease-causing elements (Stenner et al., 2000). Another research aimed to find valuable and thought-provoking views about general practitioners and primary care doctors' expertise in managing post-infectious IBS. They understood enough about common foodborne bacteria that cause functional bowel diseases like PI-IBS (Spiegel et al., 2010). Most primary care doctors know this occurrence, but less than half of those polled said they would talk to their patients about gastrointestinal problems. Considering the documented incidence of irritable bowel syndrome after infections, it is essential to have a thorough conversation with these individuals (Stenner et al., 2000). The degree of knowledge among GPs and primary care doctors has been brought to light by this research. To focus attention on developing recommendations for the treatment of this condition, we need to conduct multicenter trials (Pakenham-Walsh and Bukachi, 2009).

Conclusion

According to the study's findings, general practitioners had sufficient knowledge of the illness, which bodes well for proper referral and treatment by qualified medical professionals and subject matter specialists.

Declarations

Data Availability statement

All data generated or analyzed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department Concerned.

Consent for publication

Approved

Funding

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Conflict of interest

The authors declared absence of conflict of interest.

Author Contribution

ATTA MUHAMMAD KHAN

Conception of Study, Final approval of manuscript

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Conception of Study, Development of Research

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