Ano-rectal complaints in general practitioner visits: consumer point of view

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SUMMARY

Aims — The perception patients consulting for primary care have of ano-rectal disorders has never been evaluated. Our aim was to analyze proctological complaints among outpatients consulting general practitioners.

Patients and methods — Among 1484 physicians who responded to a nationwide mailing in France, 161 enrolled 437 females and 358 males consulting between October 2004 and December 2005.

Results — Females were younger than males (46 ± 15 vs 51 ± 13 years) (p < 0.0001). Intermediate and upper social-occupational categories were overrepresented as compared with the general population. Symptoms were pain (48%), bleeding (37%), swelling (26%) and pruritus (24%). For 76%, these symptoms persisted for less than one month and 58% mentioned earlier visits or prior treatment. The first manifestation was correlated with a pregnancy in 31% of women. Present symptoms were secondary to acute constipation (52%), stress (33%), ingestion of spices (29%) or alcohol (20%), and diarrhea (8%). Symptoms were considered important in 61% or a cause of anxiety in 33% of patients. Treatment was prescribed for all patients: ointments (90%), phlebotonics (66%) or suppositories (51%), in combination for 75% of prescriptions. Patients preferred oral medicines (41%), ointments (30%) and suppositories (7%).

Conclusion — Proctological complaints are a reason for repeated visits to the general practitioner and lead to repeated prescriptions. Patients appreciate anti-hemorrhoidal treatments variably.

A national survey conducted in 2004 revealed that 40% of a representative sample of the French population aged over 15 years had presented an ano-rectal symptom during the preceding 12 months [1]. These complaints concerned defecation disorders (constipation and incontinence) and symptoms possibly related to the anus (bleeding, pain, perception of a mass or pruritus) [1]. The proctological disorders which give rise to these symptoms have a negative impact on the patient’s quality-of-life [2] leading to significant medical consumption with a medical consultation for 50% of cases, generally with a general practitioner [1]. Patient perceived medical management of ano-rectal symptoms has not been evaluated in France.

Material and methods

In November 2004, 18,000 general practitioners were invited to participate in the study by recruiting six consecutive adult patients consulting for a proctological complaint other than defecation or continence disorders. The physician was asked to record demographic data, the symptom(s) described by the patient, the treatment prescribed (adminis-
Results

Recruitment and sociodemographic data

Among the general practitioners solicited, 1484 agreed to participate in the study and 161 (11%) effectively participated. Between December 2004 and October 2005, 885 patients returned the questionnaire. Among these, 831 could be processed: 358 from men and 473 from women, mean age 48 ± 15 years. Women were younger: 46 ± 15 versus 51 ± 13 years (p < 0.0001). The patients resided throughout France in all of the administrative districts: 70 (8%) in the Nord; 45 (5%) in the Bouches-du-Rhône; 32 (4%) in the Gironde; 30 (3%) in the Bas-Rhin, and 57 (7%) in Île-de-France (greater Parisian area). The distribution by social-occupational category is reported in table I. The intermediate and upper social-occupational categories were overrepresented.

Symptom(s)

Patients complained of: pain (N = 397), bleeding (N = 311), anal swelling (N = 217), pruritis (N = 198). For 594 patients (72%), the symptom leading to the consultation was isolated. The most frequent association of symptoms was pain and swelling (N = 84, 10%). Women complained of pain more often than men: N = 244 (52%) versus N = 153 (43%) (p < 0.012). Inversely, bleeding was less frequently reported by women: N = 160 (34%) versus N = 151 (42%) (p < 0.014). For 364 patients (44%), the anorectal complaint had a major impact on quality-of-life. Subjects who complained of a major impact on their quality-of-life were younger (p = 0.018), but gender or type of complaint had no effect.

Table I. – Social-occupational status of the 831 patients included in the study.

<table>
<thead>
<tr>
<th>Category</th>
<th>N (%)</th>
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<tbody>
<tr>
<td>unemployed and retired persons</td>
<td>276 (32 %)</td>
</tr>
<tr>
<td>farmers</td>
<td>39 (5 %)</td>
</tr>
<tr>
<td>sales, company directors, crafts occupations</td>
<td>73 (9 %)</td>
</tr>
<tr>
<td>white collar occupations</td>
<td>99 (12 %)</td>
</tr>
<tr>
<td>intermediary occupations</td>
<td>113 (14 %)</td>
</tr>
<tr>
<td>blue collar occupations</td>
<td>225 (27 %)</td>
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</tbody>
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Reasons for consulting

In decreasing order, the reason patients consulted were: severity of the symptoms for 511 (61%), worry about symptoms for 270 (33%), failure of self-medication for 168 (20%), request for renewal of prior prescription for 86 (10%), in response to advice of another person for 61 (4%), in response to advice of a pharmacist for 42 (5%), after consulting the Internet for 2 (0.2%).

Factors influencing onset of the complaint

When asked what factors probably provoked the dominant anal symptom, patients responded: constipation (N = 435, 52%), stress (N = 278, 33%), ingestion of spices (N = 239, 29%), ingestion of alcohol (N = 168, 20%), and diarrhea (N = 68, 8%). For men and women alike, constipation was the primary triggering factor, followed by stress in women and food intake in men (figure 1).

History of the complaint

Patients reported their symptom(s) had lasted a few days (N = 412, 50%), less than one month (N = 219, 26%), one to six months (N = 96, 12%), or more than six months (N = 100, 12%). The duration was significantly different depending on the type of symptom. Persons complaining of pruritis had an average longer symptom history (p < 0.001) (figure 2). For 269
patients (32%), the consultation took place after a first episode. These patients were younger than the 560 others who consulted after recurrent symptoms: 43 ± 14 years versus 51 ± 14 years (p < 0.0001). Among the 473 women, 143 (31%) linked the onset of their anorectal problems to child delivery.

Prior medications

Before the index consultation, 483 patients (58%) had had a medical prescription for the same symptoms, 448 (54%) resorted to self-medication, and 114 (13%) had undergone an instrumental or surgical procedure (detailed information not collected). Four hundred eighty-three patients (58%) had consulted at least once before for the same symptoms, including 280 (62%) who had consulted a specialist.

Proposed therapeutic strategy

A prescription was written for all patients: ointment (N = 750, 90%), oral phlebotonics (N = 553, 66%), suppository (N = 426, 51%), other (N = 100, 11%). A single medication was prescribed for 197 patients (24%), an ointment for 150 of them. Combinations were also proposed, in decreasing order: three different formulations (N = 286, 35%), ointment and oral medication (N = 214, 26%), ointment and suppository (N = 100, 12%), suppository and oral tablet (N = 23, 3%). There was no difference in the number of medications prescribed or the type of formulation regarding patient age or gender. Patients were generally advised to apply the ointment locally morning and evening (76%, with a cannula for 38%) and to insert suppositories morning and evening (40%) or only in the evening (45%). Physicians advised their patients to continue the treatment for 10 ± 7 days on average for local applications and 30 ± 17 days for oral medications.

Patient’s therapeutic expectations

The properties patients attributed to the different formulations prescribed are presented in figure 3. Patients preferred oral medications (41%), ointments (30%), and suppositories (7%). Other patients expected a combination of formulations (20%) or had no preference (2%). The predominantly preferred combination was an ointment plus oral tablet. When questioned after their consultation about how long they expected to comply with the prescription, 495 patients (90%) stated they would take the oral medications for the proposed duration of treatment; this figure was 638 (85%) for ointments and 328 (77%) for suppositories.

Discussion

Anorectal complaints are common in the general population, as has been amply demonstrated with surveys of representative samples of the general population in France and the United States [1, 2]. These complaints include functional defecation disorders (tenesmus, constipation and incontinence) and other symptoms (bleeding, pain, swelling and pruritus). These latter symptoms, which were retained to select patients for the present survey, were considered to be compatible with an anal disorder. According to the survey conducted by Siproudhis et al. [1], more than two-thirds of patients who consult for these symptoms associate them with hemorrhoids. A precise proctological diagnosis, which for various reasons may not be established during the primary care consultation with a general practitioner (reluctance to perform a proctology examination or difficulty in ruling out another etiology without endoscopy) was not requested for the present study. The difficulty in performing a proctology examination as a routine practice might explain the reluctance of general practitioners to participate in a survey evaluating their practices. This point is however of singular importance since patients with anorectal symptoms consult a general practitioner more often than a specialist [1].

Our study showed that gender has no impact on consulting a general practitioner for an anal problem. Such symptoms occur early in life and nearly one-third of the women considered their problem(s) began after child delivery. Pregnancy and child delivery are recognized factors associated with proctological disorders, at least for hemorrhoids and anal fissures [3]. The predominance of intermediary or upper social-occupational categories in our study may be related to access to health care, different perceptions of symptoms, and/or the fact that the study involved a questionnaire. Constipation was the leading symptom prompting both men and women to consult. The relative importance of these different factors varied, with stress predominating in women and intake of spices and alcohol in men. This might reflect different exposure to risk factors more than a sex-related sensitivity. According to available epidemiological data, constipation is not a factor favoring hemorrhoidal disease [4], but many patients mention recent bouts of constipation [5, 6]. Dietary factors have also been suggested to play a role [5, 7].

More than half of the patients considered that their symptoms had a major impact on their quality-of-life. The impact of functional defecation disorders on quality-of-life has been demonstrated, but evidence is lacking for other anorectal complaints [1, 8]. Consulting a physician might in itself be a selection bias for more severe symptoms. The severity of the symptoms and worry about them were among the primary reasons patients consulted.

Anorectal complaints are often recurrent [9], warranting frequent consultations. More than half of the included patients had previously consulted or had had a prescription for an earlier episode. Another survey also showed that half of the subjects with symptoms consult a physician, most often a general practitioner [1]. Little data is available concerning this primary care consultation. In the present survey, all of the consultations led to a medical prescription. Nine out of ten prescriptions were for anti-hemorrhoid medications, generally combining a local application and an oral tablet.

The scientific evidence supporting the efficacy of such treatments is scarce [10, 11]. The properties the patients attributed to the different routes of administration could be taken into consideration when writing the prescription. Suppositories for example may be considered as unpractical and poorly tolerated, but with a more rapid efficacy. In practice, the physician did not always prescribe the treatment the patient would have preferred, but we did not ask them to give their reasons for prescribing a given formulation, particularly since the scarcity of scientific evidence makes it
difficult to establish a logical rationale. Further work on primary care diagnostic and therapeutic management would be useful to help improve patient care for these frequent anorectal complaints.

In conclusion, anorectal complaints are common in middle-aged adults. Symptoms occur in successive episodes and lead to repeated consultations and frequent prescriptions for medication. Patients who consult consider their symptoms to be severe and/or worrisome. Patients have variable opinions concerning the value of the different components of the medical prescription.

REFERENCES