

General gastroenterologists and gastrointestinal physiology: Time to improve awareness?

To the editor,

Marked advances in the field of gastrointestinal physiology have seen the development of classification systems that allow reproducibility, consistency, and clear diagnostic algorithms for esophageal motility disorders (Chicago), reflux disease (Lyon), and ano-rectal function disorders (London). These classification and consensus guidelines address management of common gastrointestinal symptoms and disorders encountered by all gastroenterologists. Despite this generalized relevance, understanding and application of such classification algorithms do not appear commonplace.

We sought to determine familiarity with gastrointestinal physiological classification systems in comparison with, perhaps, more well-recognized systems named for cities among practicing gastroenterologists in Ireland. Prague classification for Barrett's esophagus, Bristol stool chart, Rome classification of functional gastrointestinal disorders and systems covering endoscopic assessment (Los Angeles, Paris, Sydney), hepatology (Glasgow), pancreatology (Atlanta), and inflammatory bowel disease (Montreal) were included for comparative reference. Fictitious systems were added as controls to ensure the validity of answers.

Twenty two practicing gastroenterologists, 12 of whom are consultant grade, with varying degrees of experience (range 3 to >20 years) completed the review with valid answers. While almost all responders were familiar with systems such as Paris classification (22/22), Prague (21/22), Bristol (19/22), and Rome (22/22), much fewer were familiar with Chicago (11/22), London (4/22), or Lyon (2/22) classification. The only additional classification studied with a similar familiarity index to the physiologic systems in our survey was the Atlanta classification (6/22). This scoring system applies specifically to pancreatitis, where knowledge may be limited to physicians with a specific focus on pancreatology. Chicago, London, and Lyon classification and consensus are, however, more generally relevant encompassing gastrointestinal conditions that every gastroenterologist encounters in daily practice.

This survey may suggest that general familiarity and understanding of important gastrointestinal physiology frameworks is

not as robust as expected. Given similar patient symptom presentations, awareness of Chicago, London, and Lyon consensus classifications should be similar to that of Rome criteria, for example. A larger study would offer deeper insight; however perhaps now is the time to focus on better dissemination of the work encompassed in gastrointestinal physiological frameworks and guidelines to the general gastroenterologist. Broader understanding, awareness and greater utility in clinical practice may, in turn, help identify areas for improvement in future iterations of physiologic classifications.

AUTHOR CONTRIBUTIONS

All authors were involved in the study design, data collection, interpretation, and drafting of the manuscript and approve the final draft submitted.

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John O'Grady 

Martin Buckley

Department of Gastroenterology and GI Function Lab, Mercy University Hospital, Cork, Ireland

Correspondence

John O'Grady, Department of Gastroenterology, Mercy University Hospital, Cork, Ireland.

Email: jog403164@muh.ie

ORCID

John O'Grady  <https://orcid.org/0000-0002-6704-9277>