

Use of Oesophageal-Gastro-Duodenoscopy in Eastern Health

Choosing Wisely Canada Recommendation

Avoid performing an endoscopy for dyspepsia without alarm symptoms for patients under the age of 65 years.

Practice Points

1. Wait time benchmarks for oesophageal-gastro-duodenoscopy (OGD) are:

Priority 1 (Urgent): 0-14 days

- ◇ High likelihood of cancer, progressive/rapid dysphagia, odynophagia

Priority 2 (Non-Urgent): 0-60 days

- ◇ Iron deficiency, confirmation of celiac disease, reflux, dyspepsia, stable dysphagia

Priority 3 (Screening): 0-182 days

2. Dyspepsia occurs in at least 20% of the population and, although it does not affect life expectancy, it can significantly impact quality of life and is responsible for substantial health care costs.
3. OGD is an accurate test for diagnosing dyspepsia. Most guidelines recommend as the first line approach for managing dyspepsia either empirical proton pump inhibitor therapy or a non-invasive test for *Helicobacter pylori*, and then offering therapy if the patient is positive. If the patient has alarm features (such as unintentional weight loss, anemia, progressive dysphagia, persistent vomiting, palpable mass) endoscopy is appropriate.

Methods

1. Baseline data for 2018 was obtained from Community Wide Scheduler for five hospitals in Eastern Health (EH): Burin, Carbonear, GB Cross, Health Sciences Centre (HSC) and St. Clare's Mercy (SCM).
2. Referral rates and benchmark performance were compared for those 20 to 64 years of age and those 65 years and older.

Results

Table 1. Number of OGD Referrals by Region and by Priority in EH in 2018

	Tri-Peninsulas ¹		St. John's ²		Eastern	
	20-64 yrs	65+ yrs	20-64 yrs	65+ yrs	20-64 yrs	65+ yrs
Priority 1	416	546	391	361	807	907
Priority 2	963	601	1,425	815	2,388	1,416
Priority 3	15	16	112	48	127	64
Total	1,394	1,163	1,928	1,224	3,322	2,387

¹ Burin, Carbonear & GB Cross

² HSC & SCM

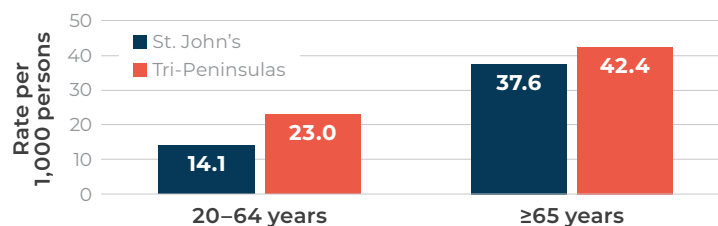


Fig. 1. OGD Rates per 1,000 Persons (≥20 Years) by Age and by Region

- Referral rate per 1,000 persons (aged 20-64 yrs) in the Tri-Peninsulas' region is 63% higher than in St. John's. In people ≥65 yrs, the rate is 13% higher in the Tri-Peninsulas'.

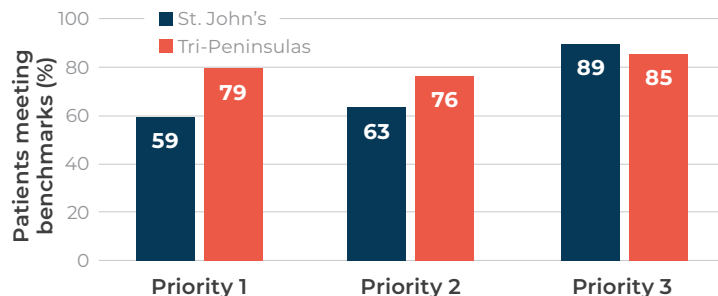


Fig. 2. Percentage of Patients Meeting Benchmarks for Access to OGD by Priority and by Region

Conclusions

1. Rate of OGD referrals per 1,000 people (aged 20-64 years) in the Tri-Peninsulas' is 63% higher than in St. John's. Avoidance of endoscopy for dyspepsia without alarm features, for patients under 65 years, should be encouraged.
2. Access to OGD is better in the Tri-Peninsulas' region than in St. John's.