
THE IMPLEMENTATION OF INTEGRATED-APPROACH ON GERD (I-AGE) PROJECT IN FISHERMEN AS A MODEL OF INTERRELATION OF RESEARCH-BASED HEALTHCARE AND TEACHING

Ahmad Fariz Malvi Zamzam Zein*

¹Departement of Internal Medicine, Faculty of Medicine, Universitas Swadaya Gunung Jati – Waled Hospital, Cirebon, West Java, Indonesia

*Corresponding author's e-mail: fariz_zein_dr@yahoo.com

EXTENDED ABSTRACT

The gastroesophageal reflux disease (GERD) is a huge burden of gastrointestinal disease in Indonesia, including high prevalence, different tools in diagnosis, limited resources, inadequate management (lifestyle modification and pharmacologic treatment), and reduced quality of life. The Indonesian Society of Gastroenterology has established national consensus of GERD in 2013 but the implementation of this consensus and the policy supporting this issue are inadequate.

To address how the implementation of population-based studies lead to improvement in healthcare and medical education, especially concerning GERD as the health issue, I want to state some main strategies elaborated in implementing evidence-based policy aimed at promoting diagnosis and management of GERD in Indonesia, especially in Cirebon. These are: 1). The establishment of integrated researches on GERD; 2). The dissemination of researches involving stakeholders; 3). The modules of healthcare and teaching on GERD; 4) Public education and community activities intended to modify lifestyle.

M. Nilsson, et al.¹ stated that lifestyle has important role as related factors in the etiology of GERD. Further, the increasing prevalence of GERD in some ethnic groups or races may suggest cultural changes as responsible factors.² Sodaif D., et al.² revealed that the prevalence of GERD in general population of South-East Iran is 28% while related risk factors are sedentary lifestyle, tea consumption, and low consumption of vegetables, fruits, cereals, meats, and nuts. reported Sushil K., et al.³ reported that the prevalence of GERD in a high altitude area in India is 18.7% with related risk factors are sedentary lifestyle, high consumption of meat, low consumption of salted tea, and low consumption of fresh fruits.³ M Nilsson, et al.¹ reported that tobacco smoking and table salt intake seem to be risk factors for GERD in Norway population while alcohol, coffee, and tea do not seem to be risk factors for reflux. This difference may indicate some situations, those are confounding variables and population-specific risk factors due to their characteristics of habit and environment.

In my research, a cross-sectional study investigated the prevalence and lifestyle-associated risk factors of GERD among 168 fishermen. We used validated GERD questionnaire (GERDQ) with a symptoms score of at least 8 was considered as GERD. The prevalence of GERD among fishermen was high (22.6%). We identified that smoking, high-salt intake, jamu consumption, and nonsteroid anti-inflammatory drugs (NSAIDs) consumption are lifestyle-associated risk factors for GERD. Tea consumption, coffee

consumption, and lalap eating were not associated with GERD in my study. This finding attenuate the nonpharmacologic management in reducing the reflux symptoms and promoting quality of life.

With the support from Department of Health, Regency of Cirebon and Faculty of Medicine, Universitas Swadaya Gunung Jati, we will formulate this finding into integrated-approach on GERD (I-AGE) Project. This project encompasses the module of the nonpharmacologic approach in prevention and management of GERD, the diagnosis and management of GERD in primary health care, the referral system of GERD, the diagnosis and management of GERD in hospital, and learning module of GERD for medical students. Further, the researches on GERD are still continuing to evaluate the burden of disease and the adequacy of its management.

REFERENCES

1. Nilsson M, Johnsen R, Ye W, Hveem K, Lagergren J. Lifestyle related risk factors in the aetiology of gastroesophageal reflux. Gut. 2004;53:1730-5.
2. Darvishmoghadam S, Zahedi MJ, Hayatbakhsh Abbasi MM, Haghdoost AA, Khalilyzade M, Karimi Goughari E. Review of clinical spectrum of gastroesophageal reflux disease in a general population; a study from South-East Iran. Middle East J Dig Dis. 2016;8:310-7.
3. Kumar S, Sharma S, Norboo T, Dolma D, Norboo A, Stobdan T, et al. Population based study to assess prevalence and risk factors of gastroesophageal reflux disease in a high altitude area. Indian J Gastroenterol. 2011;30(3):135-43.