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Summary

ELECTIVE DIAGNOSTIC UPPER GASTROINTESTINAL ENDOSCOPY: ANALYSIS OF PRESCRIPTION APPROPRIATENESS IN THE HOSPITAL SETTING

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A retrospective analysis of 314 elective upper gastrointestinal endoscopy requests over three months found that 40.4% were inappropriate according to American and European society guidelines.

KEY POINTS

- 59.6% of requests were deemed appropriate, most commonly for biopsies (15%), gastrointestinal bleeding or anemia (14.4%), and post-endoscopic intervention surveillance (10.7%).
- Inappropriate requests (40.4%) were mainly due to non-compliance with guidelines and surveillance intervals, including symptoms attributed to gut-brain axis disorders (20.5%), inappropriate surveillance of gastritis and polyps (11.8%), and post-gastric surgery surveillance in asymptomatic patients (8.7%).
- Alarm symptoms were present in 27.7% of cases, most frequently gastrointestinal bleeding or anemia, age over 50 years with new-onset symptoms, and progressive dysphagia.
- The findings emphasize the need for well-defined criteria to optimize resource use and reduce environmental and economic costs associated with inappropriate endoscopy.
- This analysis is relevant for gastroenterologists, hospital administrators, and clinicians involved in endoscopy service planning and quality improvement initiatives.

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