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Summary

When should I refer to secondary care?

Amrit Pali Hungin

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Endoscopy | Primary Care | Neurogastroenterology & Motility

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The speaker reviewed when to refer patients with non-achalasia dysphagia from primary care to secondary care, emphasizing alarm features, recognition of eosinophilic esophagitis, and appropriate specialty selection.

KEY POINTS

- Non-achalasia dysphagia is categorized into oesophageal dysphagia (retrosternal difficulty swallowing) and oropharyngeal dysphagia (dysfunction moving bolus from mouth through pharynx), with combined prevalence stated as 10-20%.
- The speaker stated urgent referral is indicated for alarm features including dysphagia, weight loss, iron deficiency anaemia, persistent vomiting, GI bleeding, and inability to eat normally, with investigation within two weeks for those aged 55 or over with new symptoms.
- Eosinophilic esophagitis should be suspected in younger patients presenting with bolus impaction and atopy history, though the speaker noted primary care physicians have low awareness of this condition.
- Progressive dysphagia for solids suggests cancer or stricture, intermittent solids may indicate eosinophilic esophagitis or rings, and dysphagia for both solids and liquids points toward motility disorders, as stated by the speaker.
- The speaker reported that the positive predictive value of cancer among GP referrals is very low, as low as 5%, making investigation essential for diagnosis.
- The speaker emphasized that primary care has relatively low awareness of sophisticated techniques like impedance testing and suggested increasing knowledge to improve appropriate referrals for patients with normal endoscopy but persistent symptoms.

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