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# Gallbladder disease

## Keywords

gallbladder diseases



Gallbladder disease (GBD) is a common cause of upper abdominal pain.<sup>1</sup> Prevalence of GBD increases with age, and is more common in women than men. United States population prevalence estimates indicate that 17% of women and 8% of men have GBD.<sup>2,3</sup> Although common, it is often asymptomatic.<sup>1</sup> We analysed data collected in the BEACH (Bettering the Evaluation and Care of Health) program from January 2010 to December 2012 to describe general practitioners' management of GBD when it is an 'active' clinical problem.

Gallbladder disease was managed at a rate of 0.2 per 100 encounters in BEACH, suggesting approximately 380 000 GBD patient-doctor encounters nationally per year. Gallbladder disease was managed significantly more often among women (at 0.22% of their encounters) than among men (0.15%), reflecting its higher prevalence in women. However, there was no significant change in the age-specific management rate, with patients in all age groups from 25 years onward having similar likelihood of GBD management.

## Management

More than half (54.4%) of the GBD problems managed were new problems, a significantly larger proportion than the average for all problems (38.1%) recorded in BEACH in 2011–12.<sup>4</sup> Medications were prescribed, advised for over-the-counter purchase, or supplied by the GP at a rate of 42.6 per 100 GBD problems, significantly lower than average for all problems (69.6) in BEACH. The most common medications were the analgesic, paracetamol/codeine and the anticholinergic, hyoscine butylbromide. Clinical treatments were provided at a rate of 25.2 per 100 GBD problems, advice and counselling about nutrition and weight, counselling about the problem, and advice and education being most common (Table 1).

Referrals to specialists were frequent, given at a rate of 26.8 per 100 GBD problems: the vast majority (93.0%) being to surgeons (82.0%) and gastroenterologists (10.7%). The referral rate for GBD problems was significantly higher than the BEACH 2011–12 average for all problems (5.6 per 100 problems). Imaging tests were ordered at a rate of 40.6 per 100 GBD problems, substantially higher than the average for all problems (6.6). Ultrasounds accounted for more than 90% of imaging tests ordered. Similarly the order rate of pathology tests (64.4 per 100

**Table 1. Details of gallbladder disease management**

Management type	Rate per 100 GBD problems (n=559)
<b>Medications (all)</b>	<b>42.6</b>
• Paracetamol/codeine	6.4
• Hyoscine butylbromide	6.1
<b>Clinical treatments</b>	<b>25.2</b>
• Counselling/advice – nutrition/weight	9.7
• Counselling – problem	4.3
• Advice/education	4.1
<b>Specialist referral</b>	<b>26.8</b>
• Referral surgeon	22.0
• Referral gastroenterologist	2.9
<b>Imaging</b>	<b>40.6</b>
• Ultrasound	37.0
<b>Pathology</b>	<b>64.4</b>
• Full blood count	15.0
• Liver function	14.8
• Electrolytes, urea and creatinine	5.2

GBD problems) was much higher than average (30.6). Full blood count, liver function, and electrolyte, urea and creatinine were the most commonly ordered tests (Table 1).

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