Letters to the Editor

Appropriateness of indication for colonoscopies performed at VIII Health Care Area in Principado de Asturias (Spain)

Key words: Appropriateness. Colorectal cancer. Screening.

Dear Editor,

Having read carefully Cerdán-Santacruz et al. article (1), we agree with their conclusions: screening and early detection programs have showed their cost-effectiveness properties, and have obtained a lower incidence rate, earlier diagnosis, and a higher survival rate. In fact, the recommendation of using colonoscopy for colorectal screening in adults is a grade A evidence (2). Nevertheless, an over indication of it has been observed (3), representing a loss of efficiency.

A Key Process for Colon Cancer was established during the year 2010 by National Centre for Health Administration (SNS) and Local Governments (Consejería, and SESPA), to assure the appropriateness of indication for colonoscopy. The local panel of experts published the *Guidelines to appropriateness of indication for colonoscopy in Asturias* (3). In Eighth Health Care Area (Langreo, Asturias, Northern Spain) these Guidelines were introduced so in Primary Health Care so as in Specialized Health Care Services (Gastroenterology, and General Surgery).

Taking into account this lack of efficiency, the objective of this study was to analyze the appropriateness (or inappropriateness) of indication for colonoscopies performed in our Health Care Area, to unify and optimization criteria to deal with the screening program.

Methods

Electronic medical records from patients subjected to colonoscopy from January 1 to December 31 2011 were retrospectively analyzed. Appropriate or inappropriate criteria of their indication were registered in our database, following the Guidelines (3). Chi-squared test was performed to compare discrete variables. Results were considered statistically significant if p-value was smaller than or equal to 0.05.

Results

One thousand and fifty five patients were included (54.9% male and 45.1% female; with age 62.4 ± 14.8 years). One hundred and one patients came from Primary Health Care (9.6%). The results summarized in Table I are expressed as number of patients and percentage of each appropriation criteria.

In 122 patients, inappropriated criteria were found (11.6%).

In Primary Health Care, inappropriated criteria were observed in 11 patients (10.9%; $p = 0.59$). These inappropriated criteria

Table I. Number of patients and percentage in each appropriation criteria (3)

APPROPRIATED CRITERIA	n	%
1. Low bleeding in patients aged ≥ 50 years	203	19.2
2. Family medical history risk	129	12.2
3. Self-reported history risk	239	22.7
4. Radiologic and imaging findings	27	2.6
5. Physical examination finding	78	7.4
6. Iron-deficiency anemia study	131	12.4
7. Chronic diarrhea ≥ 4 weeks	46	4.4
8. Altered intestinal transit	73	6.9
9. Constipation or rectal tenesmus	7	0.7

n: number of patients; %: proportion of cases, expressed in percentage.

included: postcolectomy control out of range, age smaller than 50 years, diverticular disease, and cancerophobia.

Pathologic findings were observed in 238 patients (22.6%): polyps in 17.4%, and colorectal cancer in 5.1%.

Discussion

1. In the Eighth Health Care Area, the inappropriateness of indication for colonoscopy resulted in lower number compared with others authors (4-8).
2. No significant differences in appropriateness of indication for colonoscopy were obtained between both levels of Health Care.
3. Premalignant and malignant colorectal disease were detected in similar proportions to published data (9).

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